State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JAN 29 P 2:30

1. Entity ID Number	2. Exact name of the Corporation		
793114	AdvancedMd, Inc		
3. Principal Office Address	City	State	Zip
10876 S River Front Parkway Suite 400	South Jordan	UT	84095
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
519130	web-based patient management and billing software		
5. State of Incorporation			
Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Raul Villar Jr			Vice-President Name: Michael Anderson		
Street Address: 10876 S River Front Parkway Suite 400			Street Address: 338 Pier Avenue		
City: South Jordan	State: UT	Zip: 84095	City: Hermosa Beach	State: CA	Zip: 90254
Secretary Name: Jeff Carnes			Treasurer Name: Gregory Ayers		
Street Address: 338 Pier Avenue			Street Address: 10876 S River Front Parkway Suite 400		
City: Hermosa Beach	State: CA	Zip: 90254	City: South Jordan	State: UT	Zip: 84095

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	$0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Raul Villar	1/22/2018

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 29 2018
BY