	State of Rhoo	de Island Fee	e: \$50.00
	Office of the Secr	etary of State	
	Division Of Busin 148 W. Rive		
	Providence RI 0		
HOPE	(401) 222-	3040	
Foreign Business Corpo	oration		
Annual Report Filing Period: January 1 - March	1		
In accordance with R.I.G.L. 7-1.	2-1501(e), each corporation fa	ailing or refusing to file its	
annual report within thirty (30) a (c&d)) is subject to a penalty fe		by law (R.I.G.L. 7-1.2-1501	
ANNUAL REPORT YEAR: 20			
1. Corporate ID No. 001	715956		
2. Name of Corporation Glu	utality Provider Group, P.A.		
3. Street Address Principal B	susiness Office:		
No. and Street: <u>6800 BROKE</u>	EN SOUND PARKWAY N	IW,	
City or Town: BOCA RATO)N	State: FL Zip: <u>33487</u> Country	r USA
		State: <u>11</u> 21p. <u>35467</u> Country	<u>. 057</u>
4. Business Phone No.			
<u>5616782026</u>			
5. State of Incorporation			
State: <u>FL</u>			
		I	
Enter the six digit NAICS Code	e that best describes the prima	ary business conducted by the entity. Dow	nload
the list of codes <u>here.</u> More inf	•		
<u>621111</u>			
6. Brief Description of the Cl	naracter of Business Condu	cted in Rhode Island	
REMOTE PATIENT MONI	TORING/TELEHEALTH (GROUP PRACTICE	
7. Names and Addresses of t	he Officers and Directors:		
All officers and directors	must be listed.		
Title	Individual Name	Address	
PRESIDENT	First, Middle, Last, Suffix MARK MITCHELL	Address, City or Town, State, Zip Code, Coun	-
I NEODENI	WANTWITCHELL	6800 BROKEN SOUND PARKWAY, NW, SUI BOCA RATON, FL 33487 USA	ΓΕ 150A

	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	and Outstanding Num of Shares
STK		\$0.0100	1,000.00	0
igned this 26 Day of Janua r individuals signing this in	strument constitutes	s the affirmation or ac	cknowledgement	of the
ignatory, under penalties of	f neriury that this in	strumont is that indiv		

Form No. 630 Revised 09/07

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