	State of Rhode Island Fee: \$50.	.00
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	- 1
1636	Providence RI 02904-2615 (401) 222-3040	- 1
Limited Liability Annual Report	/ Company	
Filing Period: Febr	ruary 1 - May 1	
In accordance with	h R.I.G.L. 7-16-66(d), each limited liability company failing or	
refusing to file its annual report within thirty (30) days after the time prescribed by		
law (R.I.G.L. 7-16-	-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2023</u>	
<b>1. ID No.</b> <u>001</u>	732755	
2. Exact Name o	f the Limited Liability Company PhyNet Dermatology, LLC	
3. State of Forma	ation	
State: <u>DE</u>		
	ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.		
<u>541611</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
PRIMARILY EN ADMINISTRAT	NGAGED IN PROVIDING A RANGE OF DAY-TO-DAY OFFICE	
	<u>PHYSICIAN OFFICES</u>	
5. Principal Offic		-
No. and Street:	302 INNOVATION DRIVE	
	SUITE 400	
City or Town:	FRANKLINState: TNZip: 37067Country: USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: (	Contact Title:	
No. and Street:	302 INNOVATION DRIVE	
City or Town:	<u>SUITE 400</u> FRANKLIN State: <u>TN</u> Zip: <u>37067</u> Country: <u>USA</u>	
l		

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 12 Day of April, 2023 at 12:01:15 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MASON BUDELIER

Signature of Authorized Person

Form No. 632 Revised 09/07

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