State of Rhode Island Fee: \$50	00
Office of the Secretary of State	
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Foreign Business Corporation	
Annual Report	
Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. Corporate ID No. 000092812	
2. Name of Corporation InPhyNet Primary Care Physicians-Northeast, P.C.	
3. Street Address Principal Business Office:	
No. and Street: <u>1643 NW 136TH AVE</u>	
BUILDING H, SUITE 100	
City or Town:SUNRISEState: FLZip: 33323Country: USA	
4. Business Phone No.	
5. State of Incorporation	
State: <u>NJ</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>621111</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island	
MEDICINE AND RELATED SERVICES.	
7. Names and Addresses of the Officers and Directors:	
All officers and directors must be listed.	

Title	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
ASSISTANT SECRETARY	JOHN R STAIR		265 BROOKVIEW CENTRE WAY, SUITE 400 KNOXVILLE, TN 37919 USA		
ASSISTANT TREASURER	JOHN BARRAC	JOHN BARRACK		265 BROOKVIEW CENTRE WAY, SUITE 400 KNOXVILLE, TN 37919 USA	
8. Shares Authorized and	ssued				
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
		\$0.0100			1
-		e corpora	tion by an		
9. This report must be exec the corporation is in the of the corporation by the Signed this 17 Day of Ap individuals signing this inst under penalties of perjury,	hands of a receiver of receiver or trustee. ril, 2023 at 9:52:05 a trument constitutes th that this instrument is	e corpora or trustee AM. This e affirma s that indu	ition by an e, this rep s electronia tion or act ividual's a	authorized repres ort must be execut c signature of the in knowledgement of t ct and deed or the o	entative. If eed on behalf ndividual or the signatory act and deed
9. This report must be exe the corporation is in the	hands of a receiver of e receiver or trustee. ril, 2023 at 9:52:05 A trument constitutes th that this instrument is the facts stated herei Laws § 7-1.2.	a corpora or trusted AM. This e affirma s that indu n are true	tion by an e, this rep s electronic tion or act ividual's a e, as of the	authorized repres ort must be execut c signature of the in knowledgement of t ct and deed or the o	entative. If eed on behalf ndividual or the signatory act and deed

Form No. 630 Revised 09/07

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