	.
State of Rhode Island Office of the Secretary of State	Fee: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company	
Annual Report	
Filing Period: February 1 - May 1	
In accordance with 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 REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>	
<b>1. ID No.</b> <u>001743468</u>	
2. Exact Name of the Limited Liability Company LifePoint Rehab Physician Services, LLC	
3. State of Formation	
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 <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>621340</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
THE COMPANY IS FORMED FOR THE OBJECT AND PURPOSE OF, AND OF THE	<u>THE NATURE</u>
BUSINESS TO BE CONDUCTED AND PROMOTED BY THE COMPANY IS IN ANY	<u>, ENGAGING</u>
LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED	
UNDER THE ACT AND ENGAGING IN ANY AND ALL ACTIVITIES NECESSARY OR	
<u>INCIDENTAL</u> <u>TO THE FOREGOING. (SECTION 2, LLC AGREEMENT)</u>	
5. Principal Office Address	
No. and Street: 330 SEVEN SPRINGS WAY	
	ountry: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:Contact Title:No. and Street:330 SEVEN SPRINGS WAYCity or Town:BRENTWOODState:TNZip:37027Country:USA	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914	
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).	
Signed this 25 Day of April, 2023 at 10:12:27 AM 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 <u>COTY BACON</u> Signature of Authorized Person	
Form No. 632 Revised 09/07	
© 2007 - 2023 State of Rhode Island All Rights Reserved	