



**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

**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001661962

2. Name of Corporation Mediant Health Resources Inc

3. Street Address Principal Business Office:

No. and Street: 2355 E. CAMELBACK ROAD #920
#920

City or Town: PHOENIX State: AZ Zip: 85016 Country: USA

4. Business Phone No.

6023570753

5. State of Incorporation

State: AZ

NAICS CODE

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.

541512

6. Brief Description of the Character of Business Conducted in Rhode Island

COMPUTER SYSTEMS DESIGN, PROGRAMMING AND MANAGEMENT SERVICES
FOR HOSPITALS AND
MEDICAL OFFICES

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
PRESIDENT	MICHAEL PRIMORAC	3545 E. EXPEDITION WAY PHOENIX, AZ 85050 USA
VICE PRESIDENT	FRANCIS A ZOVKO	2105 N. SALIDA DEL SOL CHANDLER, AZ 85224 USA
VICE PRESIDENT	JONATHAN KARAS	11990 N 103RD PLACE SCOTTSDALE, AZ 85260 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100,000.00	0

9. 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.

Signed this 15 Day of February, 2024 at 6:45:03 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL PRIMORAC
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved