	State of Rh Office of the Se		tate	Fee: \$50.00
	Division Of Bu	siness Service	S	
148 W. River Street				
	Providence R			
7636	(401) 22	2-3040		
Limited Liability	Company			
Annual Report Filing Period: Febr	uarv 1 - Mav 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				
	66(b&c)) is subject to a penalty fee			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001681947</u>				
2. Exact Name of the Limited Liability Company Medical Evaluation Specialists, LLC				
3. State of Forma	ation			
State: <u>MI</u>				
NAICS CODE				
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>524298</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
TO ENGAGE IN	THE BUSINESS OF PROVIDIN	IG INDEPEN	DENT MEDICA	ΔT
TO ENGAGE IN THE BUSINESS OF PROVIDING INDEPENDENT MEDICAL EVALUATIONS AND REPORTS TO CORPORATIONS, ASSOCIATIONS, PARTNERSHIPS				
OR INDIVIDUALS AND TO PROVIDE MANAGEMENT TO DO ALL THINGS				
NECESSARY TO OPERATE AND DEVELOP THE BUSINESS. ALL MEDICAL				
EVALUATIONS AND REPORTS WILL BE DONE AND PERFORMED BY LICENSED				
PHYSICIANS.				
5. Principal Offic	e Address			
No. and Street:	3280 PEACHTREE ROAD			
1	SUITE 2625			
City or Town:	ATLANTA	State: <u>GA</u>	Zip: <u>30305</u> C	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:

3280 PEACHTREE ROAD SUITE 2625 City or Town: ATLANTA

State: GA Zip: 30305 Country: USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 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 29 Day of April, 2024 at 8:13:22 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 CLARE ARGUEDAS

Signature of Authorized Person

Form No. 632 Revised 09/07

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