



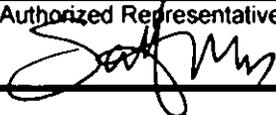
**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
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Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001755536		2. Exact name of the Corporation Parsley Medical Group FL, P.A.			
3. Principal Office Address 1201 Hays Street			City Tallahassee	State FL	Zip 32301
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Virtual healthcare services			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Saba Haq			Vice-President Name		
Street Address 1201 Hays Street			Street Address		
City Tallahassee	State FL	Zip 32301	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Saba Haq			Director Name		
Street Address 1201 Hays Street			Street Address		
City Tallahassee	State FL	Zip 31301	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common Stock	0.01
11. 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. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> FILED					
Name of Authorized Representative Saba Haq, M.D.				Date 4/11/2025	
Signature of Authorized Representative 				BY SP910 1114 13	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov