State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company		
001775928	Virtual Health Physician Services, PLLC		
3. NAICS Code 621999	4. Brief description of the character of business conducted in Rhode Island Telemedicine		
5. State of Formation Florida			
6. Principal Office Address 11215 Metro Parkway, Building 3, Suite 100	City Fort Myers	State FL	Zip 33966
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Mohammed Zaman, D.O.	Contact Title Member		
Street Address 11215 Metro Parkway, Building 3, Suite 100	City Fort Myers	State FL	Zip 33966
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***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.***			
Name of Authorized Person Mohammed Zaman, D.O.		Date 05/02/25	
Signature of Authorized Person Signed by:			

FILED
MAY 07 2025
BY H94A1
1202

MAIL TO:
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