



Form Revision Date 07/2016

ANNUAL REPORT

For use by DOMESTIC PROFESSIONAL CORPORATION

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 802266824

Annual Report Filing Year: 2022

1. The name of the corporation:
COPPER RIDGE HEALTH, P.C.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: PHILIP LIEFFERS

2. Street Address: 4290 COPPER RIDGE DR.
 Apt/Suite/Other: STE. 100
 City: TRAVERSE CITY
 State: MI Zip Code: 49684

3. Mailing address of the corporation's registered office:
 P.O. Box or Street Address: 4290 COPPER RIDGE DR.
 Apt/Suite/Other: STE. 110
 City: TRAVERSE CITY
 State: MI Zip Code: 49684

4. Provide the name(s) and address(es) of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	NATHAN MARCH DO	4290 COPPER RIDGE DR, SUITE 100, TRAVERSE CITY, MI 49684 USA
TREASURER	ROBERT KUHN DO	4290 COPPER RIDGE DR., SUITE 100, TRAVERSE CITY, MI 49684 USA
SECRETARY	L NICHOLAS RICHMOND MD	4290 COPPER RIDGE DR, SUITE 100, TRAVERSE CITY, MI 49684 USA
DIRECTOR	PETER SNEED MD	4290 COPPER RIDGE DR, SUITE 100, TRAVERSE CITY, MI 49684 USA
DIRECTOR	JOHN REINECK, MD	4290 COPPER RIDGE DR, SUITE 100, TRAVERSE CITY, MI 49684 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:
 PROFESSIONAL IMAGING SERVICES, INFUSION SERVICES, AND RHEUMATOLOGY SERVICES

Section 911(1)(f), Act 284, P.A. of 1972, as amended, requires that the annual report shall list the names and addresses of all shareholders.

The corporation certifies that each shareholder is a licensed person in one or more of the professional services provided by the

professional corporation and that the corporation meets the other requirements of chapter 2A.

6. The name(s) and address(es) of all shareholders:

Name	Residence Or Business Address
KURT SANFORD MD	4290 COPPER RIDGE DR, SUITE 100, TRAVERSE CITY, MI 49684 USA

This document must be signed by an authorized officer or agent:

Signed this 11th Day of May, 2022 by:

Signature	Title	Title if "Other" was selected
Philip Lieffers	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL REPORT

for

COPPER RIDGE HEALTH, P.C.

ID Number: 802266824

received by electronic transmission on May 11, 2022 ***, is hereby endorsed.***

Filed on May 11, 2022 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11th day of May, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau