



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 000097691		2. Name of Corporation Maritime Health Solutions, Inc.			
3. Street Address Principal Business Office 30 Forest Falls Drive, Suite 5			City Yarmouth	State ME	Zip 04096
4. Business Phone No. (207) 847-2273		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Health Care Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin M. Ronan			Vice President Name		
Street Address 30 Forest Falls Drive, Suite 5			Street Address		
City Yarmouth	State ME	Zip 04096	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin M. Ronan			Director Name Lori Ronan		
Street Address 30 Forest Falls Drive, Suite 5			Street Address 30 Forest Falls Drive, Suite 5		
City Yarmouth	State ME	Zip 04096	City Yarmouth	State ME	Zip 04096
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	No Par	200	Common	No Par

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 CORPORATIONS DIVISION  
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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.

**FILED**

File Date AUG 21 2007

Check No. 034710

By: 10:35

FOR SECRETARY OF STATE USE ONLY

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.

Kevin M. Ronan 8/13/07  
Signature Date

Kevin M. Ronan  
Print or Type Name

President  
Title