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 2007

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: 128452	2. Name of Corporation: Primacare, Inc.		
3. Street Address Principal Business Office: 65 EDDIE DOWLING HIGHWAY	City: NORTH SMITHFIELD	State: RI	Zip: 02895
4. Business Phone No.: (401) 769-2222	5. State of Incorporation: RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island: THE PROVISION OF HEALTH CARE BY LICENSED PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO PATIENTS			

7. NAMES AND ADDRESSES OF THE OFFICERS ☐ CHECK BOX FOR ATTACHMENT

President Name: ZAHEER A. SHAH, M.D.	Vice President Name:
Street Address: 65 EDDIE DOWLING HIGHWAY, S	Street Address:
City: NORTH SMITHFIELD / State: RI / Zip: 02895	City: / State: / Zip:
Secretary Name: ZAHEER A. SHAH, MD	Treasurer Name: ZAHEER A. SHAH, MD
Street Address: 65 EDDIE DOWLING HIGHWAY, :	Street Address: 65 EDDIE DOWLING HIGHWAY,
City: NORTH SMITHFIELD / State: RI / Zip: 02895	City: NORTH SMITHFIELD / State: RI / Zip: 02895

8. NAMES AND ADDRESSES OF THE DIRECTORS ☐ CHECK BOX FOR ATTACHMENT

Director Name: NONE	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED ☐ CHECK BOX FOR ATTACHMENT **10. SHARES ISSUED ☐ CHECK BOX FOR ATTACHMENT**

AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares	Class/Series	Par Value
8,000 $1.00 PAR VALUE			65	COMMON	$1.00
			THIS SECTION MUST BE COMPLETED		

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
AUG 31 2007
By [signature]

[redacted] [redacted]

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.

Signature: [signature] Date: 8/29/07

Print or Type Name: ZAHEER A. SHAH, M.D.

Title: PRESIDENT

2007 AUG 31 PM 1:54
CORPORATIONS DIV [redacted]

FOR SECRETARY OF STATE USE ONLY	
File Date:	
Check No.:	1154
By:	11-33296

Form 630 Rev. 12/06

12925-3-175545