RI SOS Filing Number: 200700780620 Date: 09/24/2007 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
98937	Coastal Care Medical Management, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Medical Management Services

5. Principal office address	City	State	Zip
10 Davol Square, Suite 400	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mark D. Jacobs, M.D.	

Street Address	City	State	Zip
10 Davol Square, Suite 400	Providence	RI	02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☑

Manager Name	Street Address	City	State	Zip
Mark D. Jacobs, M.D.	10 Davol Square, Suite 400	Providence	RI	02903
Larry Shoenfeld, M.D.	10 Davol Square, Suite 400	Providence	RI	02903
Joseph Campbell, M.D.	10 Davol Square, Suite 400	Providence	RI	02903
G. Alan Kurose, M.D.	10 Davol Square, Suite 400	Providence	RI	02903

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Jeffrey F. Chase-Lubitz, Esq.	Ten Weybosset Street, Suite 602	Providence	02903
Donoghue, Barrett & Singal, P.C.			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

98937

FILED
SEP 24 2007 12:48
By KMC
CK 1690
37714

SEP 24 2007 12:48
A.R. MOLLIS

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.

Mark D. Jacobs M.D. 9/24/07
Signature of Authorized Person *Date*

Mark D. Jacobs, M.D.
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

13806-1-164897

Form 632 Rev. 07/07

COASTAL CARE MEDICAL MANAGEMENT, LLC

Attachment to 2006 Annual Report

Additional Managers

Judith Shaw, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Robert Carnevale, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Elizabeth Lange, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Steven C. Brin, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Robert O. Cicchelli, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

J. Russell Corcoran, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

David Fried, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Ronald Gilman, M.D.
10 Davol Square, Suite 400
Providence, RI 02903