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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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: January 1 - March 1 • Filing Fee: $50.00* * 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.	2. Name of Corporation			
000154301	TDP RADIOLOGY, PC			
3. Street Address Principal Business Office		City	State	Zip
132 YORK ROAD		MANSFIELD	MA	02048
4. Business Phone No.	5. State of Incorporation			
508-954-3072	MASSACHUSETTS			

6. Brief Description of the Character of Business Conducted in Rhode Island
DIAGNOSTIC RADILOGY AND IMAGING SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
DARYL R. PARKER, MD	132 YORK ROAD	MANSFIELD	MA	02048

Vice President Name	Street Address	City	State	Zip
DARYL R PARKER, MD	132 YORK ROAD	MANSFIELD	MA	02048

Secretary Name	Street Address	City	State	Zip
DARYL R PARKER, MD	132 YORK ROAD	MANSFIELD	MA	02048

Treasurer Name	Street Address	City	State	Zip
DARYL R PARKER, MD	132 YORK ROAD	MANSFIELD	MA	02048

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
DARYL R PARKER, MD	132 YORK ROAD	MANSFIELD	MA	02048

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

[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.

Daryl R. Parker 9/23/07
Signature *Date*

Daryl R. Parker
Print or Type Name

[redacted] President, TDP Radiology, P.C.
Title

File Date FILED
Check No. SEP 25 2007
By: By
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13843-3-180753

Form 630 Rev. 12/06