RI SOS Filing Number: 200702416220 Date: 11/09/2007 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

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.	2. Name of Corporation
000159705	Marsha DuPree MD Dermatology Unc

3. Street Address Principal Business Office	City	State	Zip
1050 Main St. Suite 15	E. Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation
401-884-0148	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Dermatology Practice

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

President Name	Vice President Name
Marsha DuPree	NONE
Street Address: 1050 Main St Suite 15	Street Address
City: East Greenwich; State: RI; Zip: 02818	City; State; Zip
Secretary Name: NONE	Treasurer Name: NONE
Street Address	Street Address
City; State; Zip	City; State; Zip

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 ~~NONE~~ MD	—	0.01

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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] [redacted]

FILED
File Date _____
Check No. NOV 09 2007
By: By 7220
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.

Marsha DuPree — *Signature* — 8/21/07 — *Date*

Marsha DuPree — *Print or Type Name*

President — *Title*

[redacted]

Form 630 Rev. 12/06

15304-1-192895