RI SOS Filing Number: 200705007380 Date: 12/28/2007 1:28 PM

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

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Business Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000122587

2. Name of Corporation Primary Care Medical Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 109 BEECHWOOD AVENUE
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

4. Business Phone No.

4017296151

5. State of Incorporation

State: RI

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

TO OPERATE A MEDICAL OFFICE AND MEDICAL LABORATORY

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HECTOR R OSHIRO MD	109 BEECHWOOD AVENUE PAWTUCKET, RI 02860- USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.00	300.00	300

9. 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.

Signed this 28 Day of December, 2007 at 1:28:05 PM by the incorporator(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By IVONNE CAM
Signature of Authorized Representative of the Corporation

OFFICE MANAGER
Title

Form No. 630
Revised 09/07