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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
100 W. Main St.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. Business ID No.	2. Name of Corporation
153475	Matrix Sports Medicine & Physical Therapy, Inc.

3. Current Principal Business Office	City	State	Zip
233 Eddie Dowling Highway	North Smithfield	RI	02896

4. Business Phone No.	5. State of Incorporation
401-597-5665	Rhode Island

6. Nature of Business: Physical Therapy

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

Title or Name	Vice President Name
Victoria K. Hueston	James C. Sullivan
Street Address: 233 Eddie Dowling Highway	Street Address: 233 Eddie Dowling Highway
City: North Smithfield / State: RI / Zip: 02896	City: North Smithfield / State: RI / Zip: 02896
Victoria K. Hueston	James C. Sullivan
Street Address: 233 Eddie Dowling Highway	Street Address: 233 Eddie Dowling Highway
City: North Smithfield / State: RI / Zip: 02896	City: North Smithfield / State: RI / Zip: 02896

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

Director Name	Director Name
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
2,000	No Par Value	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
2,000	Common	NPV

The 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 the report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED
File Date: APR 09 2008
Check No.
By KAT8
Fee:
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[redacted]

Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

"I" Victoria K. Hueston 3/31/08
Signature Date

Victoria K. Hueston
Print or Type Name

[redacted] President
Title

21657-37-250401

Form 630 Rev. 12/01