RI SOS Filing Number: 200940025240 Date: 01/07/2009 4:48 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

Foreign 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: 2009

1. Corporate ID No. 000024161

2. Name of Corporation Siemens Medical Solutions Health Services Corporation

3. Street Address Principal Business Office:

No. and Street: 51 VALLEY STREAM PARKWAY
City or Town: MALVERN State: PA Zip: 19355 Country: USA

4. Business Phone No.

7323213029

5. State of Incorporation

State: DE

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

PROVIDE COMPUTER SERVICES TO MEDICAL ORGANIZATIONS

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
ASSISTANT SECRETARY	ALAN GOTLIFFE	170 WOOD AVENUE SOUTH ISELIN, NJ 08830 USA
PRESIDENT	THOMAS MILLER	51 VALLEY STREAM PARKWAY MALVERN, PA 19355- 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	1,000.00	100

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 7 Day of January, 2009 at 4:50:03 PM. *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 ALAN GOTLIFFE
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

Form No. 630
Revised 09/07