



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 2009**

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. 8310		2. Name of Corporation Prehab Sports Medicine Services, Inc.			
3. Street Address Principal Business Office 100 Jefferson Boulevard			City Warwick	State RI	Zip 02888
4. Business Phone No. 4014633060		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Physical Therapy Practice					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory N. Perkins			Vice President Name Arthur Keegan		
Street Address 100 Jefferson Boulevard			Street Address 100 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Arthur Keegan			Treasurer Name Gregory N. Perkins		
Street Address 100 Jefferson Boulevard			Street Address 100 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory N. Perkins			Director Name Arthur Keegan		
Street Address 100 Jefferson Boulevard			Street Address 100 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	Common	\$1.00	200	Common-N/A	\$1.00
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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.

<b>FILED</b>	
File Date	JAN 14 2009
Check No.	By 434666
By:	
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.

Laura N. Wilkinson 1/12/09  
Signature Date  
Laura N. Wilkinson  
Print or Type Name  
Assistant Secretary  
Title

**EXHIBIT A  
TO  
2008 RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT  
OF  
PREHAB SPORTS MEDICINE SERVICES, INC.  
(Corp. ID# 8310)**

Name and Address of Additional Officer:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Assistant Secretary	Laura N. Wilkinson	c/o Edwards Angell Palmer & Dodge LLP 2800 Financial Plaza Providence, RI 02903

**FILED**  
JAN 14 2009  
By ID 8310