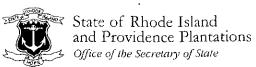
## NOTE: NEW ADDRESS AND PHONE NO.



Check No

FOR SECRETARY OF STATE USE ONLY

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

1. Corporate ID No. FLEISIG M.D. NORREK 0288G 5. State of Incorporation 08 NEDICINE THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NORBERT FLEISIG, M.D. NORBERT FLEISIG, M.D. INC Street Address Street Address 45 JOSEPH COURT 45 JOSEPH COURT <u>Warwick Rio2886</u> WARWICK, RI<sub>I.</sub> 02886 ZipCity Treasurer Name Secretary Name IDRBERT FLEISIG, M.D. INC NORBERT FLEISIG, M.D. INC 45 JOSEPH COURT Street Address Street Address 45 JOSEPH COURT WARWICK, RI 02886 WARWICK, BL 02888 Zip State City Zip8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NORBERT FLEISIG, M.D. 45 JOSEPH COURT Street Address Çu Street Address WARWICK, RI 02886  $Cit_1$ Director Name Director Name 17 ; Street Address Street Address State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of NONE 100 instruction sheet. 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. 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.

LEISIG MD

ORBER