



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. 62110		2. Name of Corporation Adaptive Health Associates, Inc.			
3. Street Address Principal Business Office 56 Hickory Drive			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-5656		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide and perform services and to consult in the areas of publication and rehabilitative services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Meredith E. Drench			Vice President Name as to the left		
Street Address 56 Hickory Drive			Street Address as to the left		
City East Greenwich	State RI	Zip 02818	City as to the left	State RI	Zip 02818
Secretary Name Meredith E. Drench			Treasurer Name Meredith E. Drench		
Street Address 56 Hickory Drive			Street Address as to the left		
City East Greenwich	State RI	Zip 02818	City as to the left	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Meredith E. Drench			Director Name none other		
Street Address 56 Hickory Drive			Street Address none other		
City East Greenwich	State RI	Zip 02818	City none other	State none other	Zip none other
Director Name none other			Director Name none other		
Street Address none other			Street Address none other		
City none other	State none other	Zip none other	City none other	State none other	Zip none other
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.  100 No par value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 60	Class/Series Common	Par Value No 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.

File Date	FILED
Check No.	JAN 28 2009
By:	by 1119
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.

Signature Meredith E. Drench Date 1/27/09  
Print or Type Name  
Meredith E. Drench  
Title  
President, Director