



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(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 155894		2. Name of Corporation U S MEDGROUP, P.A.			
3. Street Address Principal Business Office 5080 SPECTRUM DR 1200 WEST TOWER		City ADDISON		State TX	Zip 75001
4. Business Phone No. 972-364-8000		5. State of Incorporation TEXAS			
6. Brief Description of the Character of Business Conducted in Rhode Island MSO CONTRACTS W/SPECIALIST PHYSICIANS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name W TOM FOGARTY, MD			Vice President Name WM R LEWIS MD		
Street Address 5080 SPECTRUM DR 1200 W TOWER			Street Address 320 E MCDOWELL RD #105		
City ADDISON	State TX	Zip 75001	City PHOENIX	State AZ	Zip 85004
Secretary Name W TOM FOGARTY, MD			Treasurer Name WM R LEWIS MD		
Street Address 5080 SPECTRUM DR 1200 WEST TOWER			Street Address 320 E MCDOWELL RD #105		
City ADDISON	State TX	Zip 75001	City PHOENIX	State AZ	Zip 85004
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name W TOM FOGARTY, MD			Director Name		
Street Address 5080 SPECTRUM DR 1200 W TOWER			Street Address		
City ADDISON	State TX	Zip 75001	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares AUTHORIZED: 100,000	Class/Status COMMON	Par Value \$1.00

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 [Signature]
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: **[Signature]** Date: **1/21/09**
Print or Type Name: **W TOM FOGARTY, MD**
Title: **PRESIDENT**