



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. 000102740		2. Name of Corporation Sourceone Healthcare Technologies, Inc.		
3. Street Address Principal Business Office 4444 Viewridge Ave Ste A		City San Diego	State CA	Zip 92123
4. Business Phone No.		5. State of Incorporation Florida		
6. Brief Description of the Character of Business Conducted in Rhode Island sale + distribution of medical supplies				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Larry Lawson		Vice President Name None		
Street Address 4444 Viewridge Ave		Street Address		
City San Diego	State CA	Zip 92123	City	State
Secretary Name Sondra Beith		Treasurer Name Sondra Beith		
Street Address 4444 Viewridge Ave		Street Address 4444 Viewridge Ave		
City San Diego	State CA	Zip 92123	City San Diego	State CA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Sondra Beith		Director Name none		
Street Address 4444 Viewridge Ave		Street Address		
City San Diego	State CA	Zip 92123	City	State
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
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. 1,000		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series CWP	Par Value .01

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	2-6-09
Check No.	10333
By:	mmc
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: Sondra Beith Date: 1/30/09
Print or Type Name: Sondra Beith
Title: Secy / Treasurer