

A. Ralpb 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. /-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fa	uling or refusing to file its ann	ual report within thirty (30) day	is after the time prescribed by law	v (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 102102	2. Name of Corporation UNIVERSITY PE	EDIATRICTS, INC.			
3. Street Address Principal Business Office 100 HIGHLAND AVENUE, SUITE 201		PROVIDENCE	State RI	^{Zip} 02906	
4. Business Phone No. 401-444-3400		5. State of Incorporation RHODE ISLAND			•
6. Brief Description of the Character of TO PROVIDE PROFESSIO	of Business Conducted in K NAL MEDICAL SER	thode Island VICES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT OF PRESIDENT NAME ROBERT E. EDEN, M.D.			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NONE		
Street Address 100 HIGHLAND AVENUE	E, SUITE 201		Street Address		
PROVIDENCE	State RI	^{2ip} 02906	CHy-	State	Zip
Secretary Name ROBERT E. EDEN, M.D.			Treasurer Name ROBERT E. EDEN, M.D.		
Street Address 100 HIGHLAND AVENUE, SUITE 201			Street Address 100 HIGHLAND AVENUE, SUITE 201		
PROVIDENCE	State RI	^{Zip} 02906	PROVIDENCE	State RI	<i>2φ</i> 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name ROBERT E. EDEN, M.D.			CACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 100 HIGHLAND AVENUE, SUITE 201			Street Address		
City	State	Zip	Сиу	State	Zip
PROVIDENCE RI 02906 Director Name			Director Name		
Street Address			Street Address		
Сйу	State	Zip	Cit ₎ ,	State	Zip
9. SHARES AUTHORIZED	1		10. SHARES ISSUED	("X" BOX FOR ATTACE TION MUST BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			100	COMMON	\$1.00
This report must be executed this report must be executed of	on behalf of the corpon behalf of the corpo	poration by an authorized	ed representative. If the coor trustee.	orporation is in the hands	of a receiver or trustee,
Filc Date	ED		including any acco	mpanying schedules and sta	hat I have examined this repeterments, and that all statements.
Check No. FEB 2 4 2009 By:			Signature Date ' ROBERT E. EDEN, M.D.		
			Print or Type Name PRESIDENT		
FOR SECRETARY OF STA	ATE USE ONLY	_	Title	-	