

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(c6*d)) is

subject to a penalty fee of \$25.00.					in (10.1.0.1. 7-1.2-1)01(10 a)) is	
1. Corporate ID No. 117563		2. Name of Corporation South County Family Medicine, Inc.				
3. Street Address Principal Business Office 1111 Main Street			City Hope Valley	State RI	^{Zip} 02 8 52	
4. Bustness Phone No. 5. State of Incorporation 401-539-0283 Rhode Island			•		ζ	
6. Brief Description of the Charac To provide medical service		icted in Rhode Island				
7. NAMES AND ADDRESS President Name	es of the off	ICERS: ("X" BOX FOR ATT	ACHMENT) TILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Jonathan Bertman, M.D.			Kathleen Repoli			
Street Address 1111 Main Street			Street Address 1111 Main Street			
Сиу Hope Valley	State RI	^{Ζφ} 02852	City Hope Valley	State RI	^{Ztp} 02852	
Secretary Name Jonathan Bertman, M.D.			Treasurer Name Jonathan Bertman, M.D.			
Street Address 1111 Main Street			Street Address 1111 Main Street			
City Hope Valley	State RI	^{Zip} 02852	City Hope Valley	State RI	^{Zip} 02852	
Director Name Jonathan Bertman, M.I. Street Address	Branchus Branchiner Erick Co.	BCTORS: ("X" BOX FOR AI	Director Name Street Address	VSPACES BEFORE USIN	G ATTACHMENTS	
1111 Main Street	State	Zip	City	State	7:-	
Hope Valley	RI	02852	cuy	sittle	Zip	
Director Name	•••••		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip ·	
9. Shares authorized						
This information is curren	tly of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
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	Common	\$0.01	
			\$100 B			
		he corporation by an authorize corporation by the receiver		orporation is in the hand	s of a receiver or trustee,	

File Date FILED	-
Check NoMAR 0 4 2009	_
By: By 1226	
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.
7/17/1/
Signature Date
Jonathan Bertman, M.D.
Print or Type Name
President
Title