



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000137855

2. Name of Corporation Medical Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 9101 WESTERN AVE, SUITE 101

City or Town: OMAHA

State: NE Zip: 68114 Country: USA

4. Business Phone No.

402-758-2800

5. State of Incorporation

State: NE

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDING REGISTERED NURSES TO RHODE ISLAND HOSPITALS ON A CONTRACT BASIS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT ANDERSON	9101 WESTERN AVE STE 101 OMAHA, NE 68114 USA
SECRETARY	DALE WILLIAMS	9101 WESTERN AVE STE 101 OMAHA, NE 68114 USA
VICE PRESIDENT	DALE WILLIAMS	9101 WESTERN AVE STE 101 OMAHA, NE 68114 USA
DIRECTOR	SCOTT ANDERSON	9101 WESTERN AVE STE 101 OMAHA, NE 68114 USA
DIRECTOR	DALE WILLIAMS	9101 WESTERN AVE STE 101 OMAHA, NE 68114 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	10,000.00	10000

9. 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.

Signed this 2 Day of December, 2009 at 9:50:35 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SCOTT ANDERSON
Signature of Authorized Representative of the Corporation

PRESIDENT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations
All Rights Reserved