



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 2010

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. 132972		2. Name of Corporation NeuroPediatrix, P.C., Inc.			
3. Street Address Principal Business Office 1563 Fall River Avenue, Unit 1			City Seekonk	State MA	Zip 02771
4. Business Phone No. 774-901-5504		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF CLINICAL PEDIATRIC NEUROLOGY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM DOUGLAS BROWN, M.D.			Vice President Name NONE		
Street Address 1563 Fall River Avenue, Unit 1			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name WILLIAM DOUGLAS BROWN, M.D.			Treasurer Name WILLIAM DOUGLAS BROWN, M.D.		
Street Address 1563 Fall River Avenue, Unit 1			Street Address 1563 Fall River Avenue, Unit 1		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM DOUGLAS BROWN, M.D.			Director Name		
Street Address 1563 Fall River Avenue, Unit 1			Street Address		
City Seekonk	State MA	Zip 02771	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) <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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	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.

FILED

JAN 07 2010
By 107687
11:55

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Signature _____ Date 1-1-10
WILLIAM DOUGLAS BROWN, M.D.
Print or Type Name
PRESIDENT
Title

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE
2010 JAN -7 AM 11:55