



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. 53018 | | 2. Name of Corporation MIDLAND MEDICAL, INC. | | | | | | | |
| 3. Street Address Principal Business Office 1312 OAKLAWN AVENUE | | | | City CRANSTON | State RI | Zip 02920 | | | |
| 4. Business Phone No. 401-822-4900 | | | 5. State of Incorporation RHODE ISLAND | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PHYSICIANS AND SURGEONS | | | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | | |
| President Name STEPHEN R. BEAUPRE | | | | Vice President Name | | | | | |
| Street Address 38 JANE HOWLAND PLACE | | | | Street Address | | | | | |
| City SEEKONK | State MA | Zip 02771 | City | | State | Zip | | | |
| Secretary Name STEPHEN R. BEAUPRE | | | | Treasurer Name STEPHEN R. BEAUPRE | | | | | |
| Street Address 38 JANE HOWLAND PLACE | | | | Street Address 38 JANE HOWLAND PLACE | | | | | |
| 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 STEPHEN R. BEAUPRE | | | | Director Name | | | | | |
| Street Address 38 JANE HOWLAND PLACE | | | | 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 | | Class/Series | | Par Value | |
| | | | | 200 | | COMMON | | NO PAR VALUE | |

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 | |
| File Date | JAN 22 2010 |
| Check No. | |
| By: | By <u>11317</u> |
| 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 [Signature] Date 1/21/10
STEPHEN R. BEAUPRE
Print or Type Name
PRESIDENT
Title