



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(c), 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.<br>000154656                                                                                                                           |             | 2. Name of Corporation<br>MD OnCall Acquisition Corp |                                                                     |                     |                     |
| 3. Street Address Principal Business Office<br>3265 LAWSON BLVD. -C/O AMERICAN MEDICAL ALERT                                                               |             | City<br>OCEANSIDE                                    |                                                                     | State<br>NY         | Zip<br>11572        |
| 4. Business Phone No.<br>646-292-9201                                                                                                                      |             | 5. State of Incorporation<br>NY                      |                                                                     |                     |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TELEPHONE ANSWERING SERVICE                                                 |             |                                                      |                                                                     |                     |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                      |                                                                     |                     |                     |
| President Name<br>JACK RHIAN - PRESIDENT & CEO                                                                                                             |             |                                                      | Vice President Name<br>FREDERIC SIEGEL - EXECUTIVE VP               |                     |                     |
| Street Address<br>3265 LAWSON BLVD.                                                                                                                        |             |                                                      | Street Address<br>3265 LAWSON BLVD.                                 |                     |                     |
| City<br>OCEANSIDE                                                                                                                                          | State<br>NY | Zip<br>11572                                         | City<br>OCEANSIDE                                                   | State<br>NY         | Zip<br>11572        |
| Secretary Name                                                                                                                                             |             |                                                      | Treasurer Name<br>RICHARD RALLO -CFO                                |                     |                     |
| Street Address                                                                                                                                             |             |                                                      | Street Address<br>36-36 33RD STREET                                 |                     |                     |
| City                                                                                                                                                       | State       | Zip                                                  | City<br>LIC                                                         | State<br>NY         | Zip<br>11106        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                      |                                                                     |                     |                     |
| Director Name<br>HOWARD SIEGEL                                                                                                                             |             |                                                      | Director Name<br>JACK RHIAN                                         |                     |                     |
| Street Address<br>3265 LAWSON BLVD.                                                                                                                        |             |                                                      | Street Address<br>3265 LAWSON BLVD.                                 |                     |                     |
| City<br>OCEANSIDE                                                                                                                                          | State<br>NY | Zip<br>11572                                         | City<br>OCEANSIDE                                                   | State<br>NY         | Zip<br>11572        |
| Director Name<br>FREDERIC SIEGEL                                                                                                                           |             |                                                      | Director Name                                                       |                     |                     |
| Street Address<br>3265 LAWSON BLVD.                                                                                                                        |             |                                                      | Street Address                                                      |                     |                     |
| City<br>OCEANSIDE                                                                                                                                          | State<br>NY | Zip<br>11572                                         | 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<br>100.00                                          | Class/Series<br>CWP | Par Value<br>\$0.01 |
|                                                                                                                                                            |             |                                                      |                                                                     |                     |                     |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | FEB 01 2011 |
| Check No.                       | 3v 102130   |
| By:                             |             |
| 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 \_\_\_\_\_ Date 1/25/11  
RICHARD RALLO  
Print or Type Name  
CFO  
Title