



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. 56596		2. Name of Corporation Brain Mapping and Computerized Neurophysiology Laboratory, Inc.			
3. Street Address Principal Business Office One Randall Square, Suite 409			City Providence	State RI	Zip 02904
4. Business Phone No. 401-274-5150		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Practice of medicine.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey Wishik, M.D.			Vice President Name		
Street Address One Randall Square, Suite 409			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name A. Larry Berren, Esq.			Treasurer Name Jeffrey Wishik, M.D.		
Street Address 35 Highland Avenue			Street Address One Randall Square, Suite 409		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jeffrey Wishik, M.D.			Director Name		
Street Address One Randall Square, Suite 409			Street Address		
City Providence	State RI	Zip 02904	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 1,000	Class/Series N/A	Par Value \$1.00

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 FEB 01 2010

Check No. 9V 2039

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 1/29/10
 Jeffrey Wishik, M.D.
 Print or Type Name
 President
 Title