



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  
401.222.3010

**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.<br>14333   |              | 2. Name of Corporation<br>MEDHAT A. KADER, M.D., INC. |   |              |              |
| 3. Street Address Principal Business Office<br>176 TOLLGATE ROAD, SUITE 302  |              |   | City<br>WARWICK   | State<br>RI  | Zip<br>02886 |
| 4. Business Phone No.<br>401-734-9980  |              | 5. State of Incorporation<br>RHODE ISLAND             |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>MEDICAL OFFICE                                      |              |   |   |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |   |              |              |
| President Name<br>MEDHAT A. KADER, M.D.  |              |   | Vice President Name   |              |              |
| Street Address<br>176 TOLLGATE ROAD, SUITE 302   |              |   | Street Address  |              |              |
| City<br>WARWICK  | State<br>RI  | Zip<br>02886  | City  | State        | Zip          |
| Secretary Name<br>MEDHAT A. KADER, M.D.  |              |   | Treasurer Name<br>MEDHAT A. KADER, M.D.                             |              |              |
| Street Address<br>176 TOLLGATE ROAD, SUITE 302   |              |   | Street Address<br>176 TOLLGATE ROAD, SUITE 302                      |              |              |
| City<br>WARWICK  | State<br>RI  | Zip<br>02886  | City<br>WARWICK   | State<br>RI  | Zip<br>02886 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |   |              |              |
| Director Name<br>MEDHAT A. KADER, M.D.   |              |   | Director Name   |              |              |
| Street Address<br>176 TOLLGATE ROAD, SUITE 302   |              |   | Street Address  |              |              |
| City<br>WARWICK  | State<br>RI  | Zip<br>02886  | City  | State        | Zip          |
| Director Name  |              |   | Director Name   |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip   | City  | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |              |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES  |              |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares   | Class/Series | Par Value   | Number of Shares  | Class/Series | Par Value    |
| 1,000  | COMMON       | \$1.00  | 100   | COMMON       | \$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.

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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: M. Kader Date: 3/6/10

MEDHAT A. KADER, M.D.

Print or Type Name

PRESIDENT

Title

|                                 |    |
|---------------------------------|----|
| File Date                       | BY |
| Check No.                       |    |
| By:                             |    |
| FOR SECRETARY OF STATE USE ONLY |    |