RI SOS Filing Number: 201178018510 Date: 04/15/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.	2. Name of Corporation
126272	UNIVERSITY PULMONARY ASSOCIATES, INC.

3. Street Address Principal Business Office	City	State	Zip
1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation
401-886-7910	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL OFFICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
WALTER E. DONAT, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Vice President Name	Street Address	City	State	Zip
WILLIAM M. CORRAO, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
WILLIAM M. CORRAO, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
WALTER E. DONAT, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
WALTER E. DONAT, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip
WILLIAM M. CORRAO, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip
MICHAEL STANCHINA, M.D.	1407 SOUTH COUNTY TRAIL, BLDG 4, 3RD FL, SUITE A	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIVISION

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMMON	$1.00

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	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.

[redacted]

FILED
File Date APR 15 2011
Check No. By MNC
By: A 1682 P 1690
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FOR SECRETARY OF STATE USE ONLY

2011 APR 15 AM 10:47

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature *Date*

WALTER E. DONAT, M.D.
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 12/06