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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000123893

2. Name of Corporation Omni Medical Diagnostics Professional Corporation

3. Street Address Principal Business Office:

No. and Street: C/O ST. ANNES HOSPITAL
795 MIDDLE STREET
City or Town: FALL RIVER State: MA Zip: 02721 Country: USA

4. Business Phone No.

508-235-5262

5. State of Incorporation

State: RI

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

A HOSPITALIST SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT WILSON MD	6 AVALON PLACE CUMBERLAND, RI 02864 USA
TREASURER	NAWAR NAJJAR MD	35 COMMONWEALTH AVENUE, APT. 311 CHESTNUT HILL, MA 02467 USA
SECRETARY	SYED MISBAH QUADRI MD	146 IRVING AVENUE, APT. C PROVIDENCE, RI 02906 USA
VICE PRESIDENT	ROBERT CRAUSMAN MD	5 ADAMS CIRCLE REHOBOTH, MA 02769 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
STK		$0.0000	8,000.00	100

9. 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.

Signed this 10 Day of April, 2012 at 12:07:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT CRAUSMAN, MD
Signature of Authorized Representative of the Corporation

VICE PRESIDENT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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