



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 134601		2. Exact name of the limited liability company Life Line Screening of America, LTD	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island Mobile Non-invasive health screening company	
5. Principal office address 5400 TRANSPORTATION BOULEVARD		City CLEVELAND	State OH Zip 44125-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Street Address 5400 TRANSPORTATION BOULEVARD City CLEVELAND State OH Zip 44125-			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address City State Zip Manager Name Street Address City State Zip			
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name CT CORPORATION SYSTEM Address 10 WEYBOSSET STREET City PROVIDENCE Zip 02903-			

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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134601 FLLC 06/02/05 02:32:01 PM	
File Date	6/30/05
Check No.	92011
By	DA
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 of Authorized Person
Date
6/2/05
Print or Type Name of Authorized Person
Tim Phillips



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 134601		2. Exact name of the limited liability company Life Line Screening of America, LTD			
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island Mobile non-invasive health screening that using ultra-sound technology			
5. Principal office address 5400 TRANSPORTATION BOULEVARD		City CLEVELAND	State OH Zip 44125-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title					
Street Address 5400 TRANSPORTATION BOULEVARD		City CLEVELAND	State OH Zip 44125-		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address 10 WEYBOSSET STREET			
Address		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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134601 FLLC 06/02/05 02:23:42 PM	
Filing Date	6/27/05
Check No.	92012
By	OA
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 of Authorized Person Tim Phillips Date 6/4/05
Print or Type Name of Authorized Person