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

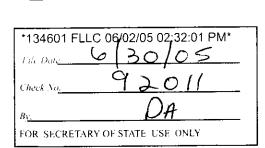
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company L. ID No Life Line Screening of America, LTD 134601 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation OHIO State 5. Principal office address OH 44125-CLEVELAND 5400 TRANSPORTATION BOULEVARD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Ciry State Street Address 44125-.CLEVELAND OH 5400 TRANSPORTATION BOULEVARD 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 Zip State •Cin Cin State Manager Name Manager Name Street Address Street Address City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address CT CORPORATION SYSTEM 10 WEYBOSSET STREET City Zip Address 02903-PROVIDENCE

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



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



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 134601 Life Line Screening of America, LTD 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Moble non-invasive health screening that using ultra-sound technology OHIO State Zip City 5 Principal office address 44125-OH CLEVELAND 5400 TRANSPORTATION BOULEVARD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name State City Street Address 44125-.CLEVELAND OH 5400 TRANSPORTATION BOULEVARD 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 *Citv State Ziv Zin State City Manager Name Manager Vame Street Address Street Address State State Cin 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 10 WEYBOSSET STREET CT CORPORATION SYSTEM Ζiρ Cirv Address 02903-PROVIDENCE

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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.

Simplified Person Date

Tim Phillips

Type Name of Authorized Person