

FOR SECRETARY OF STATE USE ONLY

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 126207 Mineral Spring Pediatrics, Inc. 3. Street Address Principal Business Office **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF PEDIATRIC MEDICINE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name BOX FOR ATTACHMENT) Director Nume Director Name Sinvi Address Street Address City Zφ Cin 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$.01 PAR VALUE COMMON 2.00 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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 herdin are tode and correct. 2.2-05 File Date



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

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - 1	March 1 • Filing	Fee: \$50.00			_		
(FORM MUST BE TYPED IN BL							
1. Corporate ID No.	2. Name of Corporation						
126207	Mineral Spring Pediatrics, Inc.						
3. Street Address Principal Business Office			City	State	Zip		
967 MINERAL SPRING AVENUE			NORTH PROVIDENCE	RI	02904-		
4. Business Phone No.		5. State of Incorporation			6. SIC Code		
4013210444		RHODE ISLAND			9217		
7. Brief Description of the Charac TO ENGAGE IN THE PRA	ter of Business Conducte CTICE OF PEDIAT	d in Rhode Island RIC MEDICINE			· • · · · · · · · · · · · · · · · · · ·		
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATT President Name			ACHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name				
Miguel Fuentes,	MD		· Teresa Jeraldo, MD				
Street Address		- · · · -	Street Address				
967 Mineral Spri	ng Avenue		 967 Mineral Spr 	ing Avenue			
City	State	Žip	City	State	Zip		
North Providence Secretary Name	l RI	02904	North Providentce	RI	02904		
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Miguel_Fuentes	<u>мр</u>		<u>· Teresa Jeraldo.</u> ·Sircei Address	_Wn			
Sirect Address 967 Mineral Spring Avenue			967 Mineral Spring Avenue				
City	State	Zip	*City	State	Zip		
North Providence	RI	02904	North Providence	RI	02904		
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS		
Miguel Fuentes, MD			Teresa Jeraldo, MD				
Street Address			Street Address				
967 Mineral Spri	ng Avenue		967 Mineral Spr:	ing Avenue			
City	State	Zip	·City	State	Zip		
North Providence RI 02904			North Providence RI 02904				
Street Address			·Sireet Address				
City	!State	Zip	.Ciry	State	Ζιρ		
10. SHARES AUTHORIZE	L D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX	X FOR ATTACHMENT)	<u> </u>		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value		
8,000 \$.01 PAR VALUE			200.00		\$.01		
This report must be signed	l in ink by either th	e President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee		
1 2 6			Under penalty of perjury,	l declare and affirm that l	have examined		

126207 DBC (2) 12/0 09:47:15 AM	
File Date FEB 2 4 2004	
By Cally	
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 Officer

Print or Type Name of Officer

Title of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN L	BLACK)						
1. Corporate ID No.	2. Name of Corporation						
126207	Mineral Spring	Pediatrics, Inc.					
3. Street Address Principal Business Office		City	State	Zip			
967 Mineral Spring Avenue		- , 	North Providence	RI	02904		
4. Business Phone No.		5. State of Incorporation			6. SIC Code		
401-321-0444 RHODE ISLAND					9217		
7. Brief Description of the Char Medical office	acter of Business Conduc	ed in Rhode Island	`				
8. NAMES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING A	TACHMENTS		
President Name	: : - : - : - : - : - : - : -		Vice President Name				
Miguel Fuentes, MD			·Teresa Jeraldo, MD				
Street Address			Sireet Address				
967 Mineral Spring	-	1		.967 Mineral Spring Avenue			
Chy North Providence	State RI	Zip	City	State	Zip		
Secretary Name	, , , , , , , , , , , , , , , , , , ,	02904	North Providence	RI	02904		
Teresa Jeraldo, M	n		Miguel Fuentes, MD				
Sireei Address		· · · · · · · · · · · · · · · · · · ·	* Street Address				
967 Mineral Spring	a Avenue		.967 Mineral Spring Avenue				
City	State	Zip	*City		7:-		
North Providence	RI	02904	North Providence	State RI	<i>Zip</i> 02904		
		· ·	TTACHMENT) FILL IN SPAC				
Director Name	SES OF THE DIREC	TORS I A BOX FOR A	Director Name	E2 BELOKE OSING	ALIACIMENTS		
Miguel Fuentes, M	D •		*Teresa Jeraldo, MD				
Street Address			Street Address				
967 Mineral Spring	Avenue		967 Mineral Spring Avenue				
City	State	Zip	·City	State	Zıp		
North Providence	RI "'	02904	North Providence	RI	02904		
Director Name	J		Director Name	. L'' '	102507		
			•				
Street Address			·Sireei Address				
			•				
City	State	Zip	City	State	Zip		
			•	j			
,10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$.01 PAR VALUE			200	Common	\$.01		
	· · · · · · · · · · · · · · · · · · ·						
	·		<u> </u>				
I his report must be signe	ed in ink by either t	he President, Vice Pr	esident, Secretary, Assistant	Secretary, Treas	urer, Receiver or Trustee		
! ! ! :	0 8(1) 0 11811 8 8117 1081 1081						
-		•					
	6 0 0 0 8 0 60 00 4 2 0 7 4		Under penalty of perjury,	I declare and affirm	that I have examined		
,	0 2 0 1 -		this report, including any	accompanying sche	fules and statements.		
.**126207* 1/14/034:46	·41 PM*	7	and that all statements cor				
~ 10	9/03			40	. /. /		
·File Date	<u> 1177 </u>		Mul	w'	1/21/03		
Check No.	14		Signature of Officer		Date		
Single Projection			Miguel Fuentes				
By	60	_	Print or Type Name of Office	r			
FOR SECRETARY OF STATE	TISE ONLY		President				
- OK SECKETAKT OF STATE	USE UNLT	_	Title of Officer		Form 630 12/01		