



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126207		2. Name of Corporation Mineral Spring Pediatrics, Inc.		
3. Street Address Principal Business Office 967 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-312-0444		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MIGUEL FUENTES MD		Vice President Name TERESA TERALDO MD		
Street Address 148 MIDDLE HIGHWAY		Street Address 148 MIDDLE HIGHWAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI
Secretary Name MIGUEL FUENTES MD		Treasurer Name TERESA TERALDO MD		
Street Address 148 MIDDLE HIGHWAY		Street Address 148 MIDDLE HIGHWAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name MIGUEL FUENTES MD		Director Name TERESA TERALDO MD		
Street Address 148 MIDDLE HIGHWAY		Street Address 148 MIDDLE HIGHWAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 \$0.01 PAR VALUE			200	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-2-05
Check No.	1180
By:	2
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 Miguel A. Fuentes Date 1/31/05
Print or Type Name of Officer MIGUEL A. FUENTES
Title of Officer PRESIDENT



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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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3. Street Address Principal Business Office 967 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904-	
4. Business Phone No. 4013210444		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Miguel Fuentes, MD			Vice President Name Teresa Jeraldo, MD		
Street Address 967 Mineral Spring Avenue			Street Address 967 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Miguel Fuentes, MD			Treasurer Name Teresa Jeraldo, MD		
Street Address 967 Mineral Spring Avenue			Street Address 967 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Miguel Fuentes, MD			Director Name Teresa Jeraldo, MD		
Street Address 967 Mineral Spring Avenue			Street Address 967 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		200.00		\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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126207 DBC 02/23/04 09:47:15 AM

FILED

File Date FEB 24 2004

Check No. BY [Signature]

By: [Signature]

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

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/01



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

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 BLACK)

1. Corporate ID No. *126207*		2. Name of Corporation Mineral Spring Pediatrics, Inc.			
3. Street Address Principal Business Office 967 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. Business Phone No. 401-321-0444		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Medical Office					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Miguel Fuentes, MD			Vice President Name Teresa Jeraldo, MD		
Street Address 967 Mineral Spring Avenue			Street Address 967 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Teresa Jeraldo, MD			Treasurer Name Miguel Fuentes, MD		
Street Address 967 Mineral Spring Avenue			Street Address 967 Mineral Spring Avenue		
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City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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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

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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126207 1/14/03 4:46:41 PM
File Date 2/19/03
Check No. 244
By: [Signature]
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] 1/21/03
Signature of Officer Date
Miguel Fuentes, MD
Print or Type Name of Officer
President
Title of Officer