



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114109		2. Name of Corporation South County Primary Care, Inc.			
3. Street Address Principal Business Office 360 KINGSTOWN ROAD			City NARRAGANSETT	State RI	Zip 02882-
4. Business Phone No. 4018911086		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 MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Monica L. Gross, M.D.			Vice President Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Monica L. Gross, M.D.			Treasurer Name Monica L. Gross, M.D.		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Monica L. Gross, M.D.			Director Name		
Street Address 360 Kingstown Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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



1 1 4 1 0 9

114109 DBC 02/25/05 04:05:10 PM

File Date 3/22/05

Check No. 2736

By: W.

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.

Monica L. Gross 3/22/05
Signature of Officer Date
Monica L. Gross, M.D.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114109		2. Name of Corporation South County Primary Care, Inc.	
3. Street Address Principal Business Office 360 KINGSTOWN ROAD		City NARRAGANSETT	State RI
4. Business Phone No. (401) 891-1086		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 MEDICINE			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name R. Scott Hanson, MD			Vice President Name Monica L. Gross, MD		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name R. Scott Hanson, MD			Treasurer Name Monica L. Gross, MD		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Monica L. Gross, MD			Director Name R. Scott Hanson, MD		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) []

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) []

ISSUED SHARES		
Number of Shares	Class/Series	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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114109 DBC 12/31/03 01:06:26 PM

File Date 1/26/04

Check No. 2069

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] Date 1/12/04

Signature of Officer

R. Scott Hanson, MD

Print or Type Name of Officer

President

Title of Officer



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. *114109*		2. Name of Corporation South County Primary Care, Inc.			
3. Street Address Principal Business Office 360 KINGSTOWN ROAD			City NARRAGANSETT	State RI	Zip 02882-
4. Business Phone No. 4017891086		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 MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name R. Scott Hanson, M.D.			Vice President Name Monica L. Gross, M.D.		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name R. Scott Hanson, M.D.			Treasurer Name Monica L. Gross, M.D.		
Street Address 360 Kingstown Road			Street Address 360 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Monica L. Gross, M.D.			Director Name .		
Street Address 360 Kingstown Road			Street Address .		
City Narragansett	State RI	Zip 02882	City .	State .	Zip .
Director Name R. Scott Hanson, M.D.			Director Name .		
Street Address 360 Kingstown Road			Street Address .		
City Narragansett	State RI	Zip 02882	City .	State .	Zip .
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	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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**114109* 1/15/03 12:10:56 PM*

File Date 2/5/03

Check No. 1572

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] 1/20/03
Signature of Officer Date
R. Scott Hanson, M.D.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114109** 2. Name of Corporation **South County Primary Care, Inc.**
3. Street Address Principal Business Office
360 Kingstown Road
4. Business Phone No. **401-789-1086** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Narragansett** State **RI** Zip **02882**
6. SIC Code **9217**

To engage in practice of medicine

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **R. Scott Hanson, M.D.**
Street Address **360 Kingstown Road**
City **Narragansett** State **RI** Zip **02882**
Secretary Name

Vice President Name **Monica L. Gross, M.D.**
Street Address **360 Kingstown Road**
City **Narragansett** State **RI** Zip **02882**
Treasurer Name

Street Address **R. Scott Hanson, M.D.**
360 Kingstown Road
City **Narragansett** State **RI** Zip **02882**

Street Address **Monica L. Gross, M.D.**
360 Kingstown Road
City **Narragansett** State **RI** Zip **02882**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Monica L. Gross, M.D.**
Street Address **360 Kingstown Road**
City **Narragansett** State **RI** Zip **02882**

Director Name
Street Address
City
State
Zip

Street Address **R. Scott Hanson, M.D.**
360 Kingstown Road
City **Narragansett** State **RI** Zip **02882**

Street Address
City
State
Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common \$0.01

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



* 1 1 4 1 0 9 *

FILED

File Date: **FEB 25 2002**
Check No.:
By: **CS**

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 **2/14/02**

R. Scott Hanson, M.D.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114109** 2. Name of Corporation **South County Primary Care, Inc.**
3. Street Address Principal Business Office **Narragansett Medical Bldg.** City **Narragansett** State **RI** Zip **02882**
360 Kingstown Road
4. Business Phone No. **401 789-1086** 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 practice of medicine

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	R. Scott Hanson, M.D.	Vice President Name	Monica L. Gross, M.D.
Street Address	360 Kingstown Road	Street Address	360 Kingstown Road
City	Narragansett	City	Narragansett
State	RI	State	RI
Zip	02882	Zip	02882
Secretary Name	R. Scott Hanson, M.D.	Treasurer Name	Monica L. Gross, M.D.
Street Address	360 Kingstown Road	Street Address	360 Kingstown Road
City	Narragansett	City	Narragansett
State	RI	State	RI
Zip	02882	Zip	02882

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Monica L. Gross, M.D.	Director Name	
Street Address	360 Kingstown Road	Street Address	
City	Narragansett	City	
State	RI	State	
Zip	02882	Zip	
Director Name	R. Scott Hanson, M.D.	Director Name	
Street Address	360 Kingstown Road	Street Address	
City	Narragansett	City	
State	RI	State	
Zip	02882	Zip	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

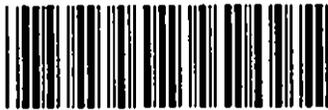
Number of Shares	Class/Series	Par Value
8,000	\$.01 PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	.01 par value

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



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FILED

File Date: MAR 23 2001
Check No.: 351912
By: [Signature]

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]
Signature of Officer

3/20/01
Date

Print or Type Name of Officer

Title of Officer