



FOURTH. The aggregate number of shares which the corporation shall have authority to issue is:

(a) *If only one class:* Total number of shares 600 without par value (common)

(If the authorized shares are to consist of one class only, state the par value of such shares or a statement that all of such shares are to be without par value.)

or

(b) *If more than one class:* Total number of shares .....

(State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of title 7 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

FIFTH. Provisions (if any) dealing with the preemptive right of shareholders pursuant to §7-1.1-24 of the General Laws, 1956, as amended:

Any and all transfers of any shares of stock in this corporation are subject to preemptive rights of the corporation as contained in its by-laws.

SIXTH. Provisions (if any) for the regulation of the internal affairs of the corporation:

SEVENTH. The address of the initial registered office of the corporation is  
500 Turks Head Building, Providence, Rhode Island 02901 (add Zip Code)  
and the name of its initial registered agent at such address is: Bruce A. Wolpert

EIGHTH. The number of directors constituting the initial board of directors of the corporation is 1 and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

(If this is a close corporation pursuant to §7-1.1-51 of the General Laws, 1956, as amended, state the name(s) and address(es) of the officers of the corporation.)

Name	Address
Richard K. Ohnmacht	11 Pilgrim Drive, Cranston, RI

NINTH. The name and address of each incorporator is:

Name	Address
Richard K. Ohnmacht	11 Pilgrim Drive, Cranston, RI

TENTH. Date when corporate existence to begin (not more than 30 days after filing of these articles of incorporation):

Upon filing of these Articles of Incorporation

Dated February 26, 1993

Richard K. Ohnmacht, MD

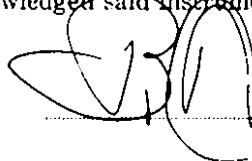
STATE OF RHODE ISLAND } In the City } of Providence  
COUNTY OF Providence } Town }

in said county this 26th day of February, A.D. 1993

then personally appeared before me

Richard K. Ohnmacht

each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by them subscribed to be their free act and deed.

  
Notary Public

Notary  
Public

Rec'd & Filed MAR. 2 1993

AM7#29  
95541

RECEIVED  
SECRETARY OF STATE  
CONFERENCE  
Mar 2 2 36 PM '93

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/25/93faf

**PRODUCER**

STARKWEATHER & SHEPLEY, INC.  
P.O. BOX 549  
PROVIDENCE, RI 02901-0549

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** MMJUA-RI

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

**INSURED**

PEDIATRIC ASSOCIATES, INC.  
293 GOVERNOR STREET  
PROVIDENCE, RI 02906

**COVERAGES:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	(Limits in Thousands) LIMITS	
	<b>GENERAL LIABILITY</b>				BODILY INJURY OCC.	\$
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG.	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC.	\$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG.	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER.				BI & PD COMBINED OCC.	\$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED AGG.	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG.	\$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS ( Priv. Pass. )				PROPERTY DAMAGE	\$
	<input type="checkbox"/> ALL OWNED AUTOS ( Other Than Priv. Pass. )				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
	<input type="checkbox"/> HIRED AUTOS					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE—POLICY LIMIT	\$
					DISEASE—EACH EMPLOYEE	\$
<b>A</b>	<b>OTHER PROFESSIONAL LIABILITY</b>	JUA 21554	06/30/92	06/30/93	1,000 ea. medical incident 3,000 aggregate	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

POLICY INCLUDES: RICHARD K. OHNMACHT, M.D., Ltd.

**CERTIFICATE HOLDER**

SECRETARY OF STATE  
STATE OF RHODE ISLAND  
STATE HOUSE  
PROVIDENCE, RI 02901

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Julia A. Friday*