



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 IN BLACK)

1. Corporate ID No. 53018		2. Name of Corporation Midland Medical, Inc.			
3. Street Address Principal Business Office 1312 OAKLAWN AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-822-4900		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PHYSICIANS AND SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN R. BEAUPRE			Vice President Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name STEPHEN R. BEAUPRE			Treasurer Name STEPHEN R. BEAUPRE		
Street Address 38 JANE HOWLAND PLACE			Street Address 38 JANE HOWLAND PLACE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN R. BEAUPRE			Director Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	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 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
1,000 NO PAR VALUE			200	COMMON	NO PAR VALUE

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



5 3 0 1 8

53018 DBC 01/06/05 08:36:56 AM

File Date 1-25-05

Check No. 6728

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 [Signature]

Date 1/21/05

STEPHEN R. BEAUPRE

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 53018		2. Name of Corporation Midland Medical, Inc.			
3. Street Address Principal Business Office 1312 OAKLAWN AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-822-4900		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PHYSICIANS AND SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN R. BEAUPRE			Vice President Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name STEPHEN R. BEAUPRE			Treasurer Name STEPHEN R. BEAUPRE		
Street Address 38 JANE HOWLAND PLACE			Street Address 38 JANE HOWLAND PLACE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN R. BEAUPRE			Director Name		
Street Address 38 JANE HOWLAND PLACE			Street Address		
City SEEKONK	State MA	Zip 02771	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 type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	COMMON	NO PAR VAL

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



* 5 3 0 1 8 *

File Date	<u>2-18-04</u>
Check No.	<u>5884</u>
By:	<u>OK</u>
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.

Stephen R. Beaupre 2/3/04
Signature of Officer Date
STEPHEN R. BEAUPRE
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. *53018*		2. Name of Corporation Midland Medical, Inc.			
3. Street Address Principal Business Office 1312 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 4018224900		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PHYSICIANS AND SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X-BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen R. Beaupre			Vice President Name .		
Street Address 38 Jane Howland Place			Street Address .		
City Seekonk	State MA	Zip 02771	City .	State .	Zip .
Secretary Name Stephen R. Beaupre			Treasurer Name Stephen R. Beaupre		
Street Address 38 Jane Howland Place			Street Address 38 Jane Howland Place		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS (X-BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen R. Beaupre			Director Name .		
Street Address 38 Jane Howland Place			Street Address .		
City Seekonk	State MA	Zip 02771	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 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
1,000	NO PAR VALUE		200	Common	No Par Value

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



* 5 3 0 1 8 *

53018 DBC1/10/031:42:26 PM

File Date 3-6-03

Check No. 5014

By UP

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

Stephen R. Beaupre

Print or Type Name of Officer

President

Title of Officer



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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53018** 2. Name of Corporation **Midland Medical, Inc.**

3. Street Address Principal Business Office
824 Bald Hill Road

City **Warwick** State **RI**

Zip **02886**

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9217

401-822-4900

7. Brief Description of the Character of Business Conducted in Rhode Island

The Practice of Physicians and Surgeons

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

President Name

Vice President Name

Stephen R. Beaupre

Street Address

Street Address

7 Leigh Lane

City **East Providence RI** State **RI** Zip **02915**

City **East Providence RI** State **RI** Zip **02915**

Secretary Name

Treasurer Name

Stephen R. Beaupre

Stephen R. Beaupre

Street Address

Street Address

7 Leigh Lane

City **East Providence RI** State **RI** Zip **02915**

City **East Providence RI** State **RI** Zip **02915**

East Providence RI

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

Director Name

Director Name

Stephen R. Beaupre

Street Address

Street Address

7 Leigh Lane

City **East Providence RI** State **RI** Zip **02915**

City **East Providence RI** State **RI** Zip **02915**

East Providence RI

Director Name

Director Name

Street Address

Street Address

City **East Providence RI** State **RI** Zip **02915**

City **East Providence RI** State **RI** Zip **02915**

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

AUTHORIZED SHARES

Number of Shares **1,000 NO PAR VALUE** Class/Series **Common** Par Value **no par value**

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

ISSUED SHARES

Number of Shares **200** Class/Series **Common** Par Value **no par value**

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



* 5 3 0 1 8 *

File Date: 1/28/02

Check No.: 4023

By: SE

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 Stephen R. Beaupre Date 1/25/02

Stephen R. Beaupre

Print or Type Name of Officer

President

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **53018** 2. Name of Corporation **Midland Medical, Inc.**

3. Street Address Principal Business Office

824 BALD HILL ROAD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

(401) 822-4900

5. State of Incorporation
RHODE ISLAND

6. **9297**

7. Brief Description of the Character of Business Conducted in Rhode Island

THE PRACTICE OF PHYSICIANS AND SURGEONS

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

President Name

STEPHEN R. BEAUPRE

Vice President Name

Street Address

7 LEIGH LANE

Street Address

City State Zip
EAST PROVIDENCE RI 02915

City State Zip

Secretary Name

STEPHEN R. BEAUPRE

Treasurer Name

STEPHEN R. BEAUPRE

Street Address

7 LEIGH LANE

Street Address

7 LEIGH LANE

City State Zip
EAST PROVIDENCE RI 02915

City State Zip
EAST PROVIDENCE RI 02915

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

Director Name

STEPHEN R. BEAUPRE

Director Name

Street Address

7 LEIGH LANE

Street Address

City State Zip
EAST PROVIDENCE RI 02915

City State Zip

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
1,000 NO PAR VALUE COMMON

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

ISSUED SHARES

Number of Shares Class/Series Par Value
200 COMMON NO PAR VALUE

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



* 5 3 0 1 8 *

File Date: _____

Check No.: _____

By: _____

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.

2-12-01
Signature of Officer Date

STEPHEN R. BEAUPRE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

53018

2. Name of Corporation

MIDLAND MEDICAL, INC.

3. Street Address Principal Business Office

824 BALD HILL ROAD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

401-822-4900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

7. Brief Description of the Character of Business Conducted in Rhode Island

THE PRACTICE OF PHYSICIANS AND SURGEONS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

STEPHEN R. BEAUPRE

Vice President Name

Street Address

7 LEIGH LANE

Street Address

City

State

Zip

EAST PROVIDENCE RI

02915

City

State

Zip

Secretary Name

STEPHEN R. BEAUPRE

Treasurer Name

STEPHEN R. BEAUPRE

Street Address

7 LEIGH LANE

Street Address

7 LEIGH LANE

City

State

Zip

EAST PROVIDENCE RI

02915

City

State

Zip

EAST PROVIDENCE RI

02915

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

STEPHEN R. BEAUPRE

Director Name

Street Address

7 LEIGH LANE

Street Address

City

State

Zip

EAST PROVIDENCE RI

02915

City

State

Zip

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

1,000 NO PAR VAL COMMON

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NO PAR VALUE

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

File Date: 1/24/00

Check No.: 1848

By: GMA

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: Stephen R. Beaupre Date: 1/19/00

STEPHEN R. BEAUPRE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53018** 2. Name of Corporation **Midland Medical, Inc.**
3. Street Address Principal Business Office
824 Bald Hill Road City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 822-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
The practice of physicians and surgeons

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

President Name	Vice President Name
Daniel F. Collins	
Street Address	Street Address
824 Bald Hill Road	
City	City
Warwick	
State	State
RI	
Zip	Zip
02886	
Secretary Name	Treasurer Name
Daniel F. Collins	Daniel F. Collins
Street Address	Street Address
See Above	See Above
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Daniel F. Collins	
Street Address	Street Address
See Above	
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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



* 5 3 0 1 8 *

File Date: **3/8/99**
Check No.: **1076**
By:
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 **Daniel F. Collins M.D.** Date **1/29/99**
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53018** 2. Name of Corporation **Midland Medical, Inc.**

3. Street Address Principal Business Office
824 Bald Hill Road City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **401-822-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8217**

7. Brief Description of the Character of Business Conducted in Rhode Island
The practice of physicians and surgeons

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
Daniel F. Collins	
Street Address	Street Address
824 Bald Hill Road	
City	City
Warwick	
State	State
RI	
Zip	Zip
02886	
Secretary Name	Treasurer Name
Daniel F. Collins	Daniel F. Collins
Street Address	Street Address
See Above	See Above
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Daniel F. Collins	
Street Address	Street Address
See Above	
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000 NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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



* 5 3 0 1 8 *

File Date: **3.3.98**
Check No.: **8976**
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: **[Signature]** Date: **2/23/98**
Print or Type Name of Officer: **Daniel F. Collins**
Title of Officer: **President**



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

53018

DRS. COLLINS & LEE, INC.

3. Street Address Principal Business Office

824 BALD HILL RD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

822-4900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

7. Brief Description of the Character of Business Conducted in Rhode Island

a professional service corporation in the practice of physicians

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

DONALD S LEE

Street Address

824 BALD HILL RD

City

WARWICK

State

RI

Zip

02886

Vice President Name

DANIEL F COLLINS

Street Address

824 BALD HILL RD

City

WARWICK

State

RI

Zip

02886

Secretary Name

DONALD S LEE

Street Address

824 BALD HILL RD

City

WARWICK

State

RI

Zip

02886

Treasurer Name

DANIEL F COLLINS

Street Address

824 BALD HILL RD

City

WARWICK

State

RI

Zip

02886

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

no par

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



* 5 3 0 1 8 *

File Date: 3.3.97

Check No.: 6745

By: 1UP

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

DANIEL F. COLLINS

Print or Type Name of Officer

Vice President

Date

2.5.97

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0055018 Annual Report for the year: 1994

Name of Business Entity: DRS. COLLINS & LEE, INC.

Business entity organized under the laws of the State of RHODE ISLAND

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: (401) 822-4900

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

824 BALD HILL ROAD
WARWICK RI 02886

Phone: (401) 822-4900

Business Entity is (check one)

- ☐ Business Corporation (See RIGL Chapter 7-1.1)
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

JOSEPH C. MANERA JR. ESQUIRE
AGENT
1062 RESERVOIR AVE CRANSTON RI 02910
(401) 944-3900

Brief statement of the character of business conducted in Rhode Island
the practice of physicians and
surgeons

Date of Organization: 12/23/88

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-5.1)			
<u>DONALD S. LEE</u>	<u>824 BALD HILL ROAD, WARWICK RI 02886</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-5.1)			
<u>DANIEL F. COLLINS</u>			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-5.1)			
<u>DONALD S. LEE</u>			
<u>DANIEL F. COLLINS</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS COMMON

SERIES

PAR VALUE OR NO PAR VALUE
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200

CLASS COMMON

SERIES

PAR VALUE OR NO PAR VALUE
WITHOUT PAR

Date: 3/4 19 94

By: [Signature]

FILED

MAR 5 1994

5600

PRINT OR TYPE NAME OF OFFICER SIGNING DON S. LEE

TITLE OF OFFICER SIGNING PRESIDENT

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOSEPH C. MANERA, JR. ESQ
1062 RESERVOIR AVE.
CRANSTON RI 02910

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 53018
2. NAME OF CORPORATION DRS. COLLINS & LEE, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 824 BALD HILL RD
CITY WARWICK STATE RI ZIP CODE 02886
4. BUSINESS PHONE NO. (401) 822-4900
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 9217
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
the practice of physicians and surgeons

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME DONALD S LEE
STREET ADDRESS 824 BALD HILL RD
CITY WARWICK STATE RI ZIP CODE 02886
VICE PRESIDENT NAME DANIEL F COLLINS
STREET ADDRESS 824 BALD HILL RD
CITY WARWICK STATE RI ZIP CODE 02886
SECRETARY NAME DONALD S LEE
STREET ADDRESS 824 BALD HILL RD
CITY WARWICK STATE RI ZIP CODE 02886
TREASURER NAME DANIEL F COLLINS
STREET ADDRESS 824 BALD HILL RD
CITY WARWICK STATE RI ZIP CODE 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED
AUTHORIZED SHARES
NUMBER OF SHARES CLASS / SERIES PAR VALUE
1000 NO PAR VAL
ISSUED SHARES
NUMBER OF SHARES CLASS / SERIES PAR VALUE
200 common no par

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 herein are true and correct.

File Date:

2/9/96

Check No:

6272

By:

KID / VP

For Secretary of State Use Only

Signature of Officer

DONALD S LEE

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/6/96
Date

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0053018

1995

Corporate ID: _____ Annual Report for the year: _____

DRS. COLLINS & LEE, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____ ☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode the practice of physicians and

Island (Provide street address - Not P.O. Box): surgeons

824 BALD HILL RD

WARWICK RI 02886

Phone: (401) 822-4900

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

<u>DONALD S LEE</u>	<u>824 BALD HILL RD WARWICK RI</u>	<u>02886</u>	
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VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>DANIEL F COLLINS</u>	<u>" " " " " " " " " " " " " " " " " "</u>	<u>" " " "</u>	
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>DONALD S LEE</u>	<u>" " " " " " " " " " " " " " " " " "</u>	<u>" " " "</u>	
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TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>DANIEL F COLLINS</u>	<u>" " " " " " " " " " " " " " " " " "</u>	<u>" " " "</u>	
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THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
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Number of Shares	Class / Series	Number of Shares	Class / Series
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<u>1000</u>	<u>common</u>	<u>200</u>	<u>common</u>
-------------	---------------	------------	---------------

Date February 22, 19 95 By: 

DONALD S LEE

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH C. MANERA, JR. ESQ
1062 RESERVOIR AVENUE
CRANSTON RI 02910

FILED

FEB 24 1995

By CC 7081

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

6083913
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053018 Annual Report for the year 1993

FIRST: The name of the corporation is DRS. COLLINS & LEE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a professionnal service corporation
engaged in the practice of physicians and surgeons and subject
to the provisions of the professional service corporation
law as found in R.I.G.L. 7-5.1-1 through 7-5.1-12 as amended

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1062 Reservoir Ave Cranston RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DR DONALD S LEE

President

824 Bald Hill Rd Warwick RI

DR DANIEL F COLLINS

Vice President

" " " " " " "

DR DONALD S LEE

Secretary

" " " " " " "

DR DANIEL F COLLINS

Treasurer

" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

COMMON

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

COMMON

NO PAR VALUE

Dated 2/23 1993

DRS. COLLINS & LEE, INC.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053016 Annual Report for the year 1992

FIRST: The name of the corporation is DRS. COLLINS & LEE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a Professional Service Corporation engaged in the practice of physicians and surgeons and subject to the provisions of the professional service corporation law as found in R.I.G.L. §7-5.1-1 through §7-5.1-12, as amended.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1062 Reservoir Avenue, Cranston, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Dr. Donald S. Lee	President	824 Bald Hill Road, Warwick, RI
Dr. Daniel F. Collins	Vice President	" "
Dr. Donald S. Lee	Secretary	" "
Dr. Daniel F. Collins	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	COMMON

Series **PAID**

Par Value
or statement that
shares are without
par value

FEB 20 1992

NO PAR VALUE

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	COMMON

Series

Par Value
or statement that
shares are without
par value

NO PAR VALUE

Dated 2/14/92 19 92

DRS. COLLINS & LEE, INC.

(Name of Corporation)

By Donald S. Lee

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053018 Annual Report for the year 1991

FIRST: The name of the corporation is DRS. COLLINS & LEE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is To engage in any and all aspects of the medical profession

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1062 Reservoir Avenue, Cranston, RI 02910

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
DR. DONALD S. LEE	President	824 Bald Hill Road, Warwick, RI
DR. DANIEL F. COLLINS	Vice President	" " "
DR. DONALD S. LEE	Secretary	" " "
DR. DANIEL F. COLLINS	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON		NO PAR VALUE

Dated 2/15 19 91

DRS. COLLINS & LEE, INC.

(Name of Corporation)

By DR. DONALD S. LEE

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0055018 Annual Report for the year 1990

FIRST: The name of the corporation is DRS. COLLINS & LEE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
to engage in any and all aspects of the medical profession

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1062 Reservoir Avenue, Cranston, RI 02910

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
DR. DONALD S. LEE	President	824 Bald Hill Rd, Warwick, RI
DR. DANIEL F. COLLINS	Vice President	" " " " " " " " " " " " " " " "
DR. DONALD S. LEE	Secretary	" " " " " " " " " " " " " " " "
DR. DANIEL F. COLLINS	Treasurer	" " " " " " " " " " " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	PAID	NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	REC'D. OF STATE	NO PAR VALUE

Dated 2/12 1990

DRS. COLLINS & LEE, INC.
(Name of Corporation)

By [Signature]
DONALD S. LEE

Title PRESIDENT

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1989

FIRST: The name of the corporation is

DRS. COLLINS & LEE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is
to engage in any and all aspects of the medical profession

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1062 Reservoir Avenue, Cranston, Rhode Island 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
DR. DONALD S LEE	President	824 BALD HILL RD, WARWICK, RI
DR. DANIEL F COLLINS	Vice President	" " " " " " " " " " " " " " " "
DR. DONALD S. LEE	Secretary	" " " " " " " " " " " " " " " "
DR. DANIEL F COLLINS	Treasurer	" " " " " " " " " " " " " " " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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