

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) I - March 1 •	Filing Fee: \$50.00	FURI FUR THE	IEAR	
FORM MUST BE TYPED					
1. Corporate ID No.	2. Name of Corp				
53018	Midland Me	edical, Inc.			
3. Street Address Principal I	••		City	State	Zip
1312 OAKLAWN AV	/ENUE		CRANSTON	RI	02920
4. Business Phone No.	· · · · · · · · · · · · · · · · · · ·	5. State of Incorpora	ntion		6. SIC Code
401-822-4900		RHODE ISLA	ND		9217
7. Brief Description of the C TRB PRACTICE OF E	haracter of Business Co	onducted in Rhode Island SURGEONS			
8. NAMES AND ADDR			ATTACHMENT) FILL IN S	SPACES BEFORE USING A	TTACHMENTS
rresident Name			Vice President Name		
STEPHEN R. BEAU	PRE		·		
Street Address			Street Address		<u> </u>
38 JANE HOWLAND	PLACE		•		
Ciry	State	Zip	City	State	Zip
SEEKONK	MA	02771	•		
Secretary Name			Treasurer Name	• • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
STEPHEN R. BEAU	PRE		STEPHEN R. BEA	UPRE	
Street Address			* Sircei Address	· · · · · · · · · · · · · · · · · · ·	······································
38 JANE HOWLAND	PLACE		.38 JANE HOWLAN	D PLACE	
City	State	Zip	`City	State	Zip
SEEKONK	MA	02771	SEEKONK	MA	02771
9. NAMES AND ADDR Director Name	ESSES OF THE DI		RATTACHMENT) FILL IN		ATTACHMENTS
STEPHEN R. BEAU	PRE		Director Name		
Street Address			Street Address		
38 JANE HOWLAND	PLACE		•		
City	State	Ζip	·City	State	12/-
SEEKONK	MA	02771	·	Siale	Zip
Director Name		• • • • • • • • • • • •	Director Name	. <i></i> .	
Street Address			Street Address		
City	State				
_ny	Sale	Zip	.City	State	Zip
10.000					
10. SHARES AUTHOR	IZED ("X" BOX FOR	RATTACHMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMEN	$\overline{\eta}$
AUTHORIZED SHARES		·	ISSUED SHARES		
Vumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALU	E		200	СОММОИ	NO PAR VALUE
This reasons were the					
nis report must be sig	ned in ink by cith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treasu	irer, Receiver or Truster
			-	*	. 2
21 21122 11111 2	12(0) 1(00) 101				
	(A)				
5 3 () 1 8		Under penalty of pe	rjury, I declare and affirm t	hat I have examined
			this report, including	g any accompanying sched	ules and statements
53018 DBC 01/06/0	5 08:36:56 AM		and that all statemen	nts contained herein are tru	e and correct.
	25-04-		. All n	10	
File Date	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	_	/ \//oL \	VL.	/ 1131105
	マっじ		Signature of Officer		Pate 1 100
Check NoO	1048	_	STEPHEN	R. BEAUPRE	, ,
	a .		Print or Type Name of		
912		_		-	
OR SECRETARY OF STAT	TE USE ONLY		PRESIDEN	<u> </u>	
			Title of Officer		Form 630 12/01



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

. Corporate ID No.	2. Name of Corpor	atlon			
53018	Midland Med	dical, Inc.			
3 Street Address Principal Busine	в Office		City	State	Zip
1312_OAKLAWN	<u> AVENUE</u>		CRANSTON	RI	02920
1. Business Phone No.		5. State of Incorporation	on .		G. SIC Code
401-822-4900	<u> </u>	RHODEISLAN	D		9217
7. Brief Description of the Charact THE PRACTICE OF P					
B. NAMES AND ADDRESS	ES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS
resident Name			Vice President Name		
STEPHEN R. I	BEAUPRE				
Street Address		<u> </u>	Street Address		-
38 JANE HOW	LAND PLACE				
Сиу	State	Zip	City	State	Zip
SEEKONK	MA	02771			
Secretary Name			Treasurer Name		
STEPHEN R. I	3EAUPRE	<u> </u>	STEPHEN R.	BEAUPRE	
Street Address			Sireei Address		
38 JANE HOW			38 JANE HOW		
City	State	Zip	Cily	State	Zip
SEEKONK	MA	02771	SEEKONK	MA	02771
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS: ("X" BOX FOR		N SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
STEPHEN R.	<u> BEAUPRE</u>		Street Address		
Street Address			Since Audres		
38 JANE HOW	State	726	City	Stat e	Zip
CEEKONK		7.ip 02771	Cay	Simile	1.77
SEEKONK Director Name	MA)02771	Director Name	l	
Director Name					
Street Address			Street Address		
City:	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT) 🗌
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4 444 110 545 111 115					
1,000 NO PAR VALUE			200	COMMON	NO PAR VAI
		<u></u>			
This report must b	e signed in ink by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trustee
!ill	al eller illi erie l il er i	[i] [1]			
					·
					hat I have examined this rep
	5 3 0 1 8	_* _			itements, and that all statement
			contained herein ar	e true and correct.	/ 2/-1
0,0	$A \cap A$			1/ 1V/ 	
File Date 2 - 18.	04	_ i	/ Volum 1	<u> </u>	1 0/5/6
File Date 2 - 18.	04	-	Signature of Officer	<u> </u>	V 2/3/C
File Date 2 - 18. Check No. 58	04	_	v . .	R. BEAUPRE	V AJS/C

Title of Officer

PRESIDENT

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) 2. Name of Corporation 1. Corporate ID No. Midland Medical, Inc. *53018* 3. Street Address Principal Business Office City State Zip 1312 Oaklawn Avenue Cranston RI 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018224900 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF PHYSICIANS AND SURGEONS (ANAMES AND ADDRESSES OF THE OFFICERS (FXT BOX FORATIACHMEND) | FILL INSPACES BEFORE USING ATTACHMENTS

President Name Vice President Name Stephen R. Beaupre Street Address Street Address 38 Jane Howland Place Ciry State Zip City Zip State Seekonk MA 02771 Treasurer Name Secretary Name Stephen R. Beaupre Stephen R. Beaupre Street Address Street Address 38 Jane Howland Place .38 Jane Howland Place City State Zip City State Zip 02771 Seekonk Seekonk ΜA 02771 ONAMESANDADDRESSES OF THE DIRECTORS (FAT BOX FOR ATTACHMEND) I ITUL (INSPACES BEFORE USING ATTACHMENTS Director Name Director Name Stephen R. Beaupre Street Address · Street Address 38 Jane Howland Place Zip City State Zip State City 02771 Seekonk MA Director Name Director Name Street Address ·Street Address State City Zio State 7.ip (DISHARES AUTHORIZED) (FAT BOX FOR ATTACHMENT) IIISHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Number of Shares Class/Series Par Value 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

FOR SECRETARY OF STATE USE ONLY

١

President

Form 630 12/01

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Carporate ID No.

Midland Medical, Inc. 53018 Zip State City 3. Street Address Principal Business Office 02886 RI Warwick 824 Bald Hill Road 6. SIC Code S. State of Incorporation 4. Business Phone No. 9217 RHODE ISLAND 401-822-4900

7. Brief Description of the Character of Business Conducted in Rilode Island The Practice of Physicians and Surgeons FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Stephen R. Beaupre Street Address Street Address 7 Leigh Lane State . Zip Zip State 02915 East Providence RI Treasurer Name Secretary Name Stephen R. Beaupre Stephen R. Beaupre Street Address Street Address 7 Leigh Lane **7 Leigh Lane** City State Cliv 02915 East Providence RI 02915 East Providence RI Director Name

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Stephen R. Beaupre Street Address

7 Leigh Lane 210 State Zip State 02915 East Providence RI Director Name Director Name Street Address Street Address

City Ziρ State State Zip City

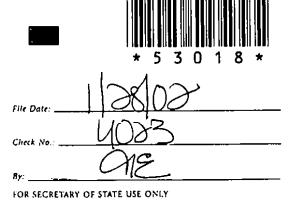
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES

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

1,000 NO PAR VALUE

Number of Shares

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 refits contained herein are true and correct. that all systed Stephen R. Beaupre

Print or Type Name of Officer

President



Form 630 12/01

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 3018 ²N'TTCARE MEdical, Inc. 3. Street Address Principal Business Office City Zip RI WARWICK 02886 824 BALD HILL ROAD 6. 92(9)7: 4. Business Phone No. (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 STEPHEN R. BEAUPRE Street Address Street Address 7 LEIGH LANE State City State Zip 02915 EAST PROVIDENCE RI Secretary Name Treasurer Name STEPHEN R. BEAUPRE STEPHEN R. BEAUPRE Street Address Street Address 7 LEIGH LANE 7 LEIGH LANE City 02915 02915 EAST PROVIDENCE RI EAST PROVIDENCE RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name STEPHEN R. BEAUPRE Street Address Street Address 7 LEIGH LANE City Zip State City State 7.10 02915 EAST PROVIDENCE RI Director Name Director Name Street Address Street Address Zio City State 210 City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Class/Series Number of Shares Par Value Number of Shares Class/Series Par Value

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



1,000 NO PAR VALUE COMMON

Check No .: .

3.3

NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stayengers congrined herein are true and correct.

COMMON

Signature of Officer

200

Date

STEPHEN R. BEAUPRE

Print or Type Name of Officer

PRESIDENT

Title of Officer

FOR SECRETARY OF STATE USE ONLY

- 420 ITM



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

STOP PLEASE READ-EXSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

. Corporate ID No.	2. Name of Corporati	on			
53018		MIDLAND MEDIC	CAL, INC.		
. Street Address Principal Busines	ss Office		City	State	Zip
824 BALD HILI	ROAD		WARWICK	RI	02886
. Business Phone No.		5. State of incorporation			6. SIC Code
401-822-4900		RHOD	E ISLAND		9217
. Brief Description of the Charact	er of Business Conducted in	Rhode Island			
THE PRACTICE	OF PHYSICIA	NS AND SURGEO	ns		
B. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT)		•
resident Name			Vice President Name		
STEPHEN R. BE	EAUPRE				
treet Address			Street Address		
7 LEIGH LANE					
City	State	Z.1p	City	State	Zip
EAST PROVIDER	NCE RI	02915			
ecretary Name			Treasurer Name		
STEPHEN R. BI	EAUPRE		STEPHEN R. E	BEAUPRE	
treet Address			Street Address	_	
7 LEIGH LANE			7 LEIGH LANE		
lity	State	Zip	City	State	Zip
EAST PROVIDE		02915	EAST PROVIDE	ENCE RI	02915
). NAMES AND ADDRE Director Name	SSES OF THE DIRE	CTORS (*X* BOX FOR AT	TACHMENT) Director Name		
STEPHEN R. BI	FAIIDDF				
itreet Address	LINOT NO		Street Address		
7 LEIGH LANE					
	State	Zip	City	State	Zip
EAST PROVIDE	NCE RI	02915			
Director Name			Director Name	•	• • • • •
itreet Address			Street Address		
Tity	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	IT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			222	G0101011	
1,000 NO PAR	VAL COMMON		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	
Ву:	GNA	
	RY 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 systements contained berein are true and correct.

Signature of Officer

Date

STEPHEN R. BEAUPRE

Print or Type Name of Officer

PRESIDENT

Title of Officer



(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

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

1/29/99

Date

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 53018	2. Name of Corpora Midland Me				
3. Street Address Principal Business O 824 Bald Hill Road			^{City} Warwick	State RI	21p 02886
4. Business Phane No. (401) 822-4900		5. State of Incorpora RHODE ISL			6. SIC Code 9217
7. Brief Description of the Character of The practice of ph			•		
8. NAMES AND ADDRESS President Name Daniel F. Collins	ES OF THE OFF	ICERS ("X" BOX FOR A	TACHMENT) FILL, IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Street Address	1		Street Address		
824 Bald Hill Road	1				
CHy Warwick	State RI	zip 02886	City	State	Zip
Secretary Name Daniel F. Collins			Treasurer Name Daniel F. Col	lins	•••••
Street Address See Above			Street Address See Above		· ·• - -
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name Daniel F. Collins	ES OF THE DIR	ECTOR\$ (*x* box for	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	CACHMENTS -
Street Address See Above			Street Address		
City	State	Zip	City	State	Z.Ip
Director Name	•		Director Name	***	**** ** ******** **** - *** **
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T) ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VAL			200	Common	No Par Value
grada a company and a second	al for forth the con-	h	— —		
This report must be signe	a in ink by eitl	ner the President, V	ice President, Secretary, A	ssistant Secretary, Trea:	surer, Receiver or Irustee

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: Signature of Office Check No.: Daniel F. Collins M.D. Print or Type Name of Officer

<u>President</u>

Title of Officer



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

1998

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

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID 53018

Number of Shares

1000 NO PAR VAL

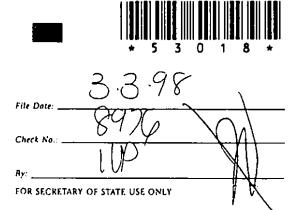
² Midland Medical, Inc.

3. Street Address Principal But 824 Bald H	siness office III Road		chy Warwick	State RI	02886
4. Business Phane No. 401-822-49	000	⁵ AHODETSU	KND	·	6. SIC 9217
7. Brief Description of the Cha The practi		in Rhode Island ns and surgeons			
8. NAMES AND ADD President Name Daniel F. Coll		FICERS (*X* BOX FOR AT	TACHMENT) Vice President Name		
Street Address 824 Bald Hill	Road		Street Address		
warwick	State RI	^z ′ρ02886	City-	State	Z1p
Secretary Name Daniel F. Coll	ins		Treasurer Name Daniel F. Co	llins	
Street Address See Above			Street Address See Above	•	
City	State	Zip	City	State	. Zip
9. NAMES AND ADD Director Name	RESSES OF THE DIE	RECTORS (*x* box for	ATTACHMENT) Director Name		
Daniel F. Col	llins		Street Address		·
See Above					
City	State	Zip	City	State	Zip
Director Name		•	Director Name		• • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED (*X* BOX FOR AT	TACHMENT) .	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)

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

Number of Shares

200



Class/Series

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.

Class/Series

Common

Par Value

No Par Value

Affla. · I

Daniel F. Collins

Print or Type Name of Officer

Title of Officer

President



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

PROFIT CORPORATION ANNUAL REPORT 1997

DRS. COLLINS & LEE, INC.

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



3. Street Address Principal Business Of	fice	a,	City	State	Zip
824 BALD HILL RD			WARWICK	RI	02886
4. Business Phone No.		5. State of Incorporation			6. SIC Code
822-4900		RHODE ISLAND			9217
7. Brief Description of the Character of		le Island			
a professional s	ervice corp	oration in th	ne practice	of physicians	
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	ENT)		
President Name			Vice President Name		
DONALD S LEE			DANIEL F	COLLINS	
Street Address			Street Address		
824 BALD HILL RD			824 BALD	HILL RD	
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Secretary Name DONALD S LEE			Treasurer Name	COLLING	
DONALD S LEE Street Address			DANIEL F Street Address	COLLINS	
824 BALD HILL RD			824 BALD	HILL DD	
City	State	Zip	City DALD	State KD ·	Zip
WARWICK	RI	02886	WARWICK	<i>f</i> .	·
				RI	02886
9. NAMES AND ADDRESSE Director Name	3 OF THE DIRECTO	JK2 ("X" BOX FOR ATTACE	HMENT) Director Name		
	N				• •
Street Address			Street Address		
	•				•
City	State	Zip	City	State	Zip
		·			·
Director Name		•	Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISSUED ("X" BO	OX FOR ATTACHMENT)			
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VAL			200	0.0mm.c=	DO DO
			200	common	no par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	3.3.97
Check No.:	6745
Ву:	1CP
FOR SECRETA	RY OF STATE USE ONLY

Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID	Annual Report for the year.
Name of Business Entity	DRS. COLLINS & LEE, INC.
	LAND Business Entity is (check one)
Business entity organized under the laws of the State of RHODE LS	[j Basiness Corporation (See Rich Chapter 7-17)
Federal Taxpayer Identification Number	X) Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal office	Lunited Liability Company (See RIGL 7-16)
<u> </u>	Name, title and mailing address of contact person to whom communications may be directed
Phone (1062 RESERVOIR AVE CRANSTON RI 02910
Address and telephone of the principal office of business entity in Rhoda	(101) 011 3000
Island (Provide street address - Not P.O. Box)	Brief statement of the character of husiness conducted in Rhode Island
824 BALD HILL ROAD	the practice of physicians and
WARWICK RJ 02886	surgeons
	Date of Organization: 12/23/88
	Date of Qualification to do business in Rhode Island (if foreign entity)
Phone. (401) 822-4900	
THE NAME ONLY CHARLES THE NAME	STREET ADDRESS CONSTAIL ZECOO.
DONALD S LEE, 824 BALD HILL ROAD.	WARWICK RI 02886 GIVALATO ZERODE
DANIEL F COLLINS, **** COSTONIAN DE RECURDOS DE XL SECRETARY (CHOLOR)	STREET ADDRESS CITYATATE 75°COOD.
DONALD S LEE " " " " " " " " " " " " " " " " " "	STREET ADDRESS COMMAND ZIPCOUR
DANIEL F COLLINS " " " " " " "	<u> </u>
THE NAME	S OF THE DIRECTORS ARE: STORE ADDRESS (ID) STATE // // // // // // // // // // // // //
- Pools	
NAME	STREET ADDRESS CTYPSTAIL ZECORE
NAVI	STREET ADDRESS CTUYS ATT 715 CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 200
CLASS COMMON	CLASS COMMON
SERIES	SERIES
PAR VALUE OR NO PAR VALUE WITHOUT PAR	PAR VALUE OR NO PAR VALUE WITHOUT PAR
Date	By
TICED	DOU S. LEE
100 5 1 100A	PRESIDENT
: len 5600	TITLE OF OF HER MINING
OFSIGNATED REGISTERED OF	R RESIDENT AGENT FOR SERVICE OF PROCESS:

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

iling Period: January 1-March 1			Frovidence, Knode i	siand 02903-1333 * (401) 277-3040
	PLEASE TYPE OR PF	RINT IN BLACK INK.		
1. CORPORATE ID NO. 2. NAME OF CORPORATION				
53018 DRS. COLLII 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	NS & LEE, IN	IC.	STATE	
824 BALD HILL RD				
	OF INCORPORATION	WARWICK	RI	02886
I. BUSINESS PHONE NO. 5 STATE	RHODE ISI	.AND		
(401) 822-4900 P. Brief description of the character of Business conducted in Rhooe Island				9217
the practice of physicians an	d surgeon	s		
8. NAMES	AND ADDRE	S S E S O F T H E O	FFICERS	<u>-</u> .
DONALD S LEE		_ DANIEL_F_COL	LINS	
824 BALD HILL RD	cóóc -	824 BALD HIL		ZIP CÓOE
	2886	WARWICK TREASURER NAME	RI	02886
DONALD S LEE		DANIEL F COL	LINS	
824 BALD HILL RD STATE TO	COOE	824 BALD HIL	L_RD STATE	zi p cóóe
a NAMEC	2886 A N D A D D A I	WARWICK	RT _	. 102886.
DIRECTOR NAME		ORECTOR NAME		· ,
STREET ADDRESS		STREET ADDRESS	·	
CITY STATE ZP	CODE	City City	STATE	<u>20</u> ₽ €000€
DIRECTOR NAME		DIRECTOR NAME	<u>and a service of the service of the</u>	
STREET ADDRESS		STREET ADORESS		· · · · · · · · · · · · · · · · · ·
CITY STATE 20	000€	any	STATE	2P COOK.
1 O . S M A R E	SAUTHORI	ZED AND ISSUE	0	. -
AUTHORIZED SHARES MUMBER OF SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARESCLASS / SERIES	PAR VALUE
				
1000 NO PAR VAL		200	common	no par
				<u>i</u>
بالمراجع والأراب والمستبيع والمهير والمراجعين بالمراج المراجع المراجع المراجع				 -
		NED IN INK by either		
President, Vice President, S	ecretary, Assist	ant Secretary, Treasure	er, Receiver or Trust	ee
				affirm that I have examined the
		report, includi all statements	ng any accompanying so -contained herein are tru	thedules and statements, and the and correct.
. / 1.			ر ر	
File Date: # 2/9/96		Signature of C	officer	
1077		•		
Check No: U of Total			S LEE	·····
KIRLIND	a		Name of Officer	4 Î.
By: ICID UP		PRESID		
For Secretary of State Use Only		Title of Officer		, / Date

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

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.

005 30 18 Corporate ID:		Annual Report for the year:
DRS.	COLLINS & LEE, I	•
Name of Corporation:Business entity organized under the laws of the For foreign entity, address and telephone number	State of: Rhode Island	Business Entity is (check one): [[::]] Business Corporation (See RIGL Chapter 7-1.1) [XX] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: () Address and telephone of the principal office of Island (Provide street address - Not P.O. Box):824_BALD_HILL_RD WARWICK_RI02886		Brief statement of the character of business conducted in Rhode Island: _the_practice_of_physicians_andsurgeons
Phone: (401) 822-4900		
	THE NAMES OF 1	THE OFFICERS ARE:
PRESIDENT	STREET A	
DONALD S LEE	824 BALD HILL STREET A	RD WARWICK RI 02886 ODRESS CITYSTATE ZIP COL
DANIEL F COLLINS		14 14 14 14 14 14 14 14 14 14 14 14 14 1
SECRETARY	STREET A	
DONALD S LEE	STREET A	
DANIEL_F COLLINS	11 11 11 11 11 11 11	0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME	THE NAMES OF T	HE DIRECTORS ARE: DDRESS CITYSTATE ZIP COL
NAME A	STREET A	DDRESS PARTY CITYSTATE 7
NAME	STREET A	DODRESS CITY/STATE ZJP COL
NUMBER OF SHARES AUTHORIZED (Rider m	nay be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Scrie	:S	Number of Shares Class / Scries
1000 comm	on	200 common
DateFebruary 22,	. 19 <u>95</u> By:	DONALD S LEE TYPENAME DE OFFICIALIST SIGNING
Form 31 1/95	TITLE OF	OPTICER SIGNING
DESIG	NATED REGISTERED AC	GENT 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

FEB 2 4 1995

By CC. 7081

Filing Fee \$50.00		6083913	To be filed annually between January 1st and March 1st
	•	and Providence F Tions division H MAIN STREET	lantations
Corporate ID	0053018		for the year
First: The nam	e of the corporation is	DRS. COLLINS	3 LEE, TWO.
Second: It is in	corporated under the laws of	Rhode Island	
engage to the law as	found in R.I.G.L. 7	physicians and surofessional services. -5.1-1 through 7-	urgeons and subject ce corporation
FIFTH: Business	address in Rhode Island1.0.6.	2 Reservoir Ave C	ranston RI
Sixth: Names a	and addresses of its directors and		(Attach rider if necessary)
	Director		
	Director		······································
	Director	024 D-13 W111 D	
	EE President		d Warwick RI
	OLLINS Vice Presid	lent	
	EE Secretary		
	OLLINS Treasurer		
SEVENTH: Numl	ber of Shares authorized:	Series	Par Value or statement that shares are without par value
1000	COMMON	APR 1 2 1993 SECY OF STATE	NO PAR VALUE
Eighth: Number	er of Shares issued:	APR 1 2 1993	Par Value or statement that
No of Shares	Class	SECIY OF Series	shares are without par value
200	COMMON	•	NO PAR VALUE
Dated 2/23		(Name of Corporation)	E, INC.
(Report must		_	<u> </u>

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

		.r., KHODE ISLAN		
Corporate ID	0055018	h /	Annual Report for t	he year1892
FIRST: The name of	of the corporation is		SCOLLING	LEE, INC.
SECOND: It is inco	rporated under the laws o	f Rhode	Island	
				rice Corporation en
the practice of	physicians and service corporation	surgeons	and subject t	vice Corporation en o the provisions o o C. 87-5 1-1
rough §7-5.I-12	, as amended.			3, 3.1
FOURTH: If foreign	corporation, address of it	ts principal of	fice	
FIFTH: Business ac	dress in Rhode Island	1062 Rese	rvoir Avenue,	Cranston, RI
Sixth: Names and	addresses of its directors	and officers:		(Attach rider if necessa
Name	Offic	ce	Address (including	number, street, zip code)
	Director			
	Director			
	Director	• • • • • • • • • • • • • • • • • • • •		
r. Donald S. Lee	Presiden	r 824	Bald Hill Roa	d, Warwick, RI
r. Daniel F. Co		n		11
r. Donald S. Lee	<u> </u>			11
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Secretar	y		
r. Daniel F. Co.	Treasure Treasure	er		
SEVENTH: Number	of Shares authorized:			Par Value or statement that
No. of Shares	Class		Series PAID	shares are without par value
1000	COMMON		FEB 2 0 19	92 NO PAR VALUE
			SEC'Y OF S	TATE
Eighth: Number	of Shares issued:		3E0 0	Par Value or statement that
No. of Shares	Class		Series	shares are without par value
200	COMMON			NO PAR VALUE
Dated 2/14/9-	19 9.2	DRS. C	OLLINS & LEE,	INC.
(•	(Name of Corp	oration	
		ByDon	ald \$. Lee	
(Report must be	signed by an officer)		•	

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 DRS COLLING & LSE, INC.						
FIRST: The nam	e of the corporation is							
SECOND: It is in	corporated under the laws of	RHODE ISLAND						
THIRD: Characte	er of business, briefly stated, is	To engage in a	ny and al	l aspects of				
the medical pro	ofession		•••••	••••••				
FOURTH: If fore	ign corporation, address of its pr	incipal office						
FIFTH: Business	address in Rhode Island 106	2 Reservoir Av	enue, Cra	nston, RI 02910				
SIXTH: Names a	nd addresses of its directors and		s (including number,	(Attach rider if necessary)				
	Director		•••••••••					
	Director		••••••••••					
	Director		• • • • • • • • • • • • • • • • • • • •	••••••				
DR. DONALD S.	LEE President	824 Bald Hi	11 Road,	Warwick, RI				
DR. DANIEL F.	COLLINS Vice Preside	nt"		н				
DR. DONALD S.	LEE Secretary	11		10				
DR. DANIEL F.	COLLINS Treasurer			91				
SEVENTH: Numl	ber of Shares authorized:			Par Value				
No. of Shares	Class	Series		or statement that shares are without par value				
1000	COMMON	/-	19410	NO PAR VALUE				
EIGHTH: Number	er of Shares issued:	Series	1997	Par Value or statement that shares are without				
		series	J 1975	par value				
200	COMMON			NO PAR VALUE				
Dated 2/15		DRS. COLLINS &	LEE, INC	•				
(Report must		DR. DONALD S Title PRESIDENT						

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0053018	***************************************	Annual Report for the y	ear 4590
First: Ti	ne name of the corp	oration is	ASS. COLLINS & LEE. 1	NG
		·		
to engage	in any and a	ill aspects or	the medical professi	on
Fourth:	If foreign corporati	on, address of its pri	ncipal office	
Fіғтн: Ві	isiness address in R	hode Island		
1	062 Reservoir	Avenue, Cran	ston, RI 02910	
Sixth: N	ames and addresses	of its directors and o	Officers: Address (including numb	(Attach rider if necessary) er, street, zip code)
		Director		•••••
		Director		
***************************************		Director		
DR. DONALD	S. LEE	President	824 Bald Hill Rd, Wa	rwick, RI
DR. DANIEL	F. COLLINS	Vice Presiden		81 PF TF 11 TF
DR. DONALD	S. LEE	Secretary	H 11 TH 11 H 11 TH 11 TH	11 11 11 11 11
DR. DANIEL	F. COLLINS	Treasurer	11 11 11 11 11 11 11 11 11	п и и и
Seventh:	Number of Shares	authorized:		Par Value or statement that
No. of Shares		Class	Series	shares are without par value
1000		COMMON	PAID	NO PAR VALUE
Еіднтн: 1	Number of Shares is	ssued:	MAR 0 5 1990	Par Value
No. of Shares		Class	GEC'Y, OF STATE	or statement that shares are without par value
1000		COMMON		NO PAR VALUE
Dated	/12-	19 90 DR	RS - COLLINS & LEE, INC ame of Corporation)	
(Pana	rt must be signed by an	By Officer) Til	DONALD S. LEE PRESIDE	TU
(керо	remose be signed by an	Officer) I [[(IU	

Filing fee: \$15.00

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

State of Uhode 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.				*****	4	421142 1114	
	SECOND:	: It is incorpora	ated under the law	vs of	RHO	DE I	SLAN	D	4-4:::*:**	
	THIRD:		siness, briefly state							
to	engage	e in any and a	all aspects of	the	medica	al pr	ofes	sion	********	
	Fourth	: If foreign co	rporation, address	s of i	ts princi	pal of	fice			
•••••••••	***************************************			*) ((*) * * * * * * * * * *	***** ***** * **	,				******
	FIFTH:		ss in Rhode Island				1 (2010		-
	10	062 Reservoir	Avenue, Crans	ton,	Rhode	Isla	and ()2910		
	Sixth:	Names and add	lresses of its dire	ctors	and off			,7,41		i,
		(Addresses must	include street and number, if any		if any)		65	R 18	1989	
		Name	Office			A	رم ddress مصر	'' ''Y 0'	= 3T	
*********			Director	***	44111 P441711141		٠٠٠٠ و			*********
*********			Director			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************	********	********
			Director							
DR.	DONALD	S LEE	President	824	BALD 1	HILL	RD,	WARV	ICK,	RL
DR.	DANIEL	F COLLINS	Vice President	n n	19 11 IF					
DR.	DONALD	S. LEE	Secretary	11 11	11 11 11	n n	11 11		11 11	
DR.	DANIEL	F COLLINS	Treasurer	11 11	11 (1 11	11 11	11 11	11 11	n n n	19
*******	*******	space is needed, a					•••			
	Sevent	H: Number of	Shares authorize	ed:			o si	r stater	re with	at out
	No. of Si	hares	Class		Series		no	par	value valu	ıe
100	0		common					-		

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value