

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Mata Street Providence, RI 02903-1335

101.222.3010

#### 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

Filing Period: January 1 - March 1 💎 🔭 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 55818 New England Surgical, Inc. Siaic MA 3 Street Address Principal Business Office <sup>76</sup>02722**–**0470 Fall River 17 Stafford Road - P.O. Box 470 6. SIC Code 4. Business Phone No. 5. State of Incorporation 508-675-7874 9886 MASSACHUSETTS 7. Brief Description of the Character of Business Conducted in Rhode Island SALES-RENTAL OF MEDICAL EQUIPMENT FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Howard Freedman Sinei Address Street Address 37 Daniel Church: Road Zip State City City RI 02878 Tiverton Secretary Name Howard Freedman Street Address Street Address 37 Daniel Church Road ZIP City State 02878 Tiverton RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Howard Freedman Street Address 37 Daniel Church Road State City 02878 MA. Tiverton Director Name Director Name Street Address Street Address City State ZФ State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class Series Par Value Number of Shares Class/Series NPV Common 12,500 COMM NO PAR VALUE 100 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 fierein are and correct File Date Check No. <u>Howard Freedman</u> Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335

#### 401.222.3040 ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 ling Period: January 1 - March 1 Filing Fee: \$50.00 ORM MUST BE TYPED OR PRINTED IN BLACK) Corporate ID No. 2. Name of Corporation 55818 New England Surgical, Inc. Street Address Principal Business Office CHY FALL RIVER MA 02722 17 STAFFORD ROAD. PO POX 470 Business Phone No 5. State of Incorporation 6. SIC Code 5086757874 Brief Description of the Character of Business Conducted in Rhode Island SALES DENTAL OF SALES 9886 SALES-RENTAL OF MEDICAL EQUIPMENT NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Sident Name Vice President Name **IOWARD B. FREEDMAN** ri Addresi Street Address 37 DANIEL T. CHURCH ROAD Zip City State Zip 'IVERTON RI 02878 retary Name Treasurer Name IOWARD B. FREEDMAN HOWARD B. FREEDMAN re Address Street Address 7 DANIEL T. CHURCH ROAD 37 DANIEL T. CHURCH ROAD State Zip State Z.ip 'IVERTON RI 02878 TIVERTON RI 02878 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ector Name Director Name OWARD B. FREEDMAN vi Addnes Street Address 7 DANIEL T. CHURCH ROAD State Z.Ip City State Zip **IVERTON** 02878 ctor Name Director Name et Address Street Address State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ISSUED SHARES uber of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 300 2,500 COMM NO PAR VALUE COMMON NPV

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

Date 3	16/04
rck No	
	J
FOR SECI	RETARY OF STATE USE ONLY

Under penalty of perjury, J'dechare and affire	n that I have examined this report.
Under penalty of perjury, I declare and affirm including any accompanying schedules and	statements, and that all statements
contained therein are true and correct.	
- BUL N/	3-15-04
Signature of Officer //	Date
HOWARD FREEMAN	
Print or Type Name of Officer	<del></del>
President	
Title of Officer	
	Form 630 Rev. 12/03

#### 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 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corpor				
55818		d Surgical, Inc.			
3. Street Address Principal	~		City	State	Zip
17 STAFFORD RO	AD, PO BOX 470		FALL RIVER	MA	02722
4. Business Phone No. S. State of Incorpora				6. SIC Code	
5086757874 MASSACHUSI		EIIS		9886	
7. Brief Description of the C SALES-RENTAL OF 1	Character of Business Cont MEDICAL EQUIPMEN				
	RESSES OF THE OFF	ICERS (#X" BOX FOR	ATTACHMENT) 🖺 FILL IN SP	ACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
HOWARD B. FREED	MAN		•		<del> </del>
Sireei Address 37 DANIEL T. CH	HIDCH DOND		Street Address		
· · · · · · · · · · · · · · · · · · ·	State	(7:-	City	State	T2:-
City TIVERTON	RI	7.ip 02878	Cuy Tréasurer Name	State	Zip
Secretary Name	MANT.		HOWARD B. FREED	MAN	
HOWARD B. FREED	MAN	<del> </del>	<u> </u>		<del></del>
Sireet Address 37 DANIEL T. CH	птрси волго		*Street Address .37 DANIEL T. CH	TIPCU POND	
		12:-			
City TIVERTON	State RI	<i>Zip</i> 02878	City TIVERTON	State RI	<i>Zip</i> 02878
		1	ORATTACHMENT)   FILL IN		
Director Name	CESSES OF THE DIR	ecrossity box re	Director Name	SPACES BEFORE USING	ATTACHMENTS
HOWARD B. FREED	MAN		•		
Sircei Address			· Sireei Address		
37 DANIEL T. CH	URCH ROAD		4		
City	State	Zip	City	State	Zip
TVERTON	RI	02878	•		
ector Name			Director Name		1
Street Address			Street Address		
City	State	Zip	Ciry	State	Ζίρ
10. SHARES AUTHOR	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	(" BOX FOR ATTACHME!	ツロ
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	16
Number of Shares	Class/Series	rar value	14umber by Shares	Class/Series	Par Value
12,500	COMMON	NPV	300	СОММОИ	NPV
This report must be <mark>si</mark>	gned in ink by eithe	r the President, Vico	President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Trusi
81 87181 9111	IK IRITI IIRTI IRI				
					. *
5 5			linder penalty of per	ர் <b>ர்</b> y, I declare and affirm	that I have examined
			this report, including	any accompanying sche	dules and statements
*EE040 EDA 00/00/		$\neg$	and that all statemen	its contained herein are tr	uc and correct.
*55818 FBC 09/26/	03 02:22:13 PM*		Stall	1 N// 1	
File Date //	<u> </u>	-	WYMM 1	YX / /	0-1-23
	6308		Signature of Officer	•	Date
Check No.		-	HOWARD E	3. FREEDMAN	
р	$\mathcal{A}$	1	Print or Type Name of	Officer	
В <u>у:</u>		-	PRESIDEN	T	
FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	<u> </u>	Form 630 12
			, <b>4</b>		. 3/10/ 020 1/

Street Address

City

TIVERTON Secretary Name

37 DANIEL T. CHURCH ROAD

State

State

RI

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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02878

401-222-3040

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(FORM MUST RE TYPED IN	RLACK)			
1. Corporate ID No.	2. Name of Corporation			
55818	New England Surgical, Inc.			
3. Street Address Principal Busin	ness Office	Clly	State	Zip
17 STAFFORD RO	AD	' FALL RIVER	MA	02722
4. Business Phone No.	5. State of Incorpain	lon		6. SIC Code
(508) 675-7874	MASSACHU	SETTS		9886
7. Brief Description of the Chara	icter of Business Conducted in Rhode Island			
SALE OF SURGIC	AL SUPPLIES			
8. NAMES AND ADDR	ESSES OF THE OFFICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name		Vice President Name		
HOWARD B. FREE	DMAN			

Street Address

Treasurer Name

State

State

Z,Ip

Form 630 12/01

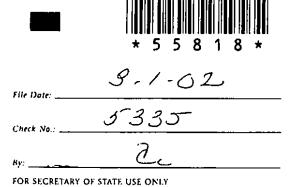
HOWARD B. Street Address	FREEDMAN		HOWARD B.  Street Address	FREEDMAN	
37 DANIEL	T. CHURCH ROAD	Zip	37 DANIEL	T. CHURCH ROAD  State	Zip
TIVERTON  9. NAMES AND Director Name	RI ADDRESSES OF THE	02878 DIRECTORS (*X* BOX FOR	TIVERTON ATTACHMENT) FILL IN S Director Name	RI PACES BEFORE USING A	02878 TTACHMENTS
HOWARD B. Street Address	FREEDMAN		Street Address		
37 DANIEL	T. CHURCH ROAD	Zip	City	State	Zip
TIVERTON Director Name	RI	. 02878	Director Name		
Street Address			Street Address		

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTI KORIZED SHARES ISSURE) SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value COMMON NPV 300 12,500 COMM NO 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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Under penalty of perjugh I declare and affirm that I have examined inclyting any accompanying schedules and statements, and ped berein are true and correct, Title of Officer

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

2001

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 155818

4. Business Phone No.

พิลัซ ยักซีเซ็กซี Surgical, Inc.

3. Street Address Principal Business Office City 17 Stafford Road- P.O. Box 470

Fall River,

MA

State

02722-0470

6.9886c

508-675-7874

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

sales-rentals of medical equipment

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

<sup>s</sup>massathusetts

President Name

Street Address

Howard Freedman

Street Address

37 Daniel Church Road

City

Howard Freedman

02878

City

none

37 Daniel Church Road

none

7.10

Tiverton,

R.I.

none

City

State none

none

Secretary Name

Street Address

Treasurer Name

Howard Freedman

Street Address

37 Daniel Church Road

City

State

State

Tiverton,

R.I.

02878

R.I.

02878

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

Director Name

Street Address

Howard Freedman

Zip

none Street Address none

State

Tiverton,

none

R.I.

02878

none

none

Director Name

37 Daniel Church Road

Director Name

none Street Address

none Street Address none

Zip

none City

State

City

State

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

none

none 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) none

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESSUTED SHARES Number of Shares

Class/Series

Par Value

12,500

Check No.

Common

NPV

300

Common

Under penalty of perjury, I declare and affirm that I have examined

NPV

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



this report, including any accompanying schedules and statements, and

<u> Howard Freedman</u>

President Title of Officer

Print or Type Name of Officer

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

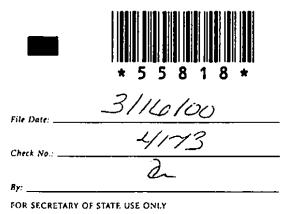
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate ID No. 55818	2. Name of Corpora New Engla		++TO DO BUSINESS	UNDERFICTITIOL	IS NAME ONL
3. Street Address Principal Busin			City	State	ZIP
17 STAFFORD ROA	W		FALL RIVER	MA	02722
4. Business Phone No. (508) 675-7874		5. State of Incorporation MASSACHUSET	TS		6. SIC Code <b>9886</b>
7. Brief Description of the Chard SALE OF SURGICA		in Rhode Island		,	
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
HOWARD B. FREED	MAN		Street Address		
37 DANIEL T. CH	URCH ROAD		Street Municis		
City	State	Zip	City	State	Zip
TIVERTON	RI	02878-4441			
Secretary Name		7=3.7	Treasurer Name		
·HOWARD B. FREED	MAN		HOWARD B. FREE	DMAN	
Street Address	· ·		Street Address	DUTALL	
37 DANIEL T. CH	URCH ROAD		37 DANIEL T. C	ULIDOU DOAD	
Čity	State	Zip	City	State	Zip
TIVERTON	RI	02878	•		•
			TIVERTON	RI	02878
9. NAMES AND ADDK Director Name	ESSES OF THE DIK	ECTORS ("X" BOX FOR ATT	IACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	IACHMENIS
HOWARD B. FREED	MAN		Director Hame	•	•
Street Address	LIMIN		Character of Address		
37 DANIEL T. CH	TIDOU DOAD		Street Address		
•		•	au.	<b>.</b> .	<b>-</b> .
City TOTATED TYON	State	Zip	City	State	Zip
TIVERTON	RI	02878			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI:	ZED (*X* BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500	COMMON	NPV	300	COMMON	NPV

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 forthined hereig are true and correct.
3-14-00
Signature of Officer Date
HOWARD FREED MAN
Print or Type Name of Officer
DRESTOENT
Title of Officer



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

STOP PIT MEREND INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Carporate ID No. 2. Name of Corporation New England Surgical, Inc.\*\*TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF: 55818 3. Street Address Principal Business Office State 02722 17 Stafford Road Fall River 4. Business Phone No. 5. State of Incorporation 6. SIC Code **MASSACHUSETTS** 9886 (508) 675-7874 7. Brief Description of the Character of Business Conducted in Rhode Island Sale of Surgical Supples 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Howard B. Freedman Street Address Street Address 37 Daniel T. Church Road City State Zip RI 02878 Tiverton Secretary Name Treasurer Name Howard B. Freedman Howard B. Freedman Street Address Street Address 37 Daniel T. Church Road 37 Daniel T. Church Road State City State 02878 02878 RI RI Tiverton Tiverton 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Howard B. Freedman Street Address Street Address 37 Daniel T. Church Road City State Zip City State Zip RI 02878 Tiverton Director Name Director Name Street Address Street Address City State City 2.10 State 2.10 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 300 NPV 12,500 NPV Common Common

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

	* 5 5 8 1 8 *
File Date:	3698
Theck No.:	3698
By:	QQ.

Under penalty of perjury, I declare and affir	m that I have examined
this report, including any accompanying set	
the fall statements contained herein are true	and correct/
	3/1/99
Jighald of hopes	Date
HOWARD Freedman	
Print or Type Name of Officer	•
Prisident	
Title of Officer	



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

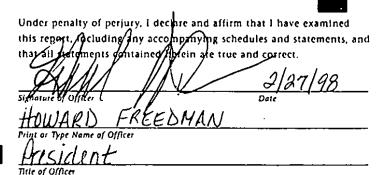
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP-PLEAME READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation New England Surgical, Inc.\*\*TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF: 55818 3. Street Address Principal Business Office MA 02722 FALL RIVER 17 STAFFORD ROAD 4. Business Phone No. 5. State of Incorporation 6. SIC Code **MASSACHUSETTS** 9886 (508) 675-7874 7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF SURGICAL SUPPLIES 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) President Name Vice President Name HOWARD B. FREEDMAN Street Address Street Address 45 GREEN STREET 21p City State Zip MA BROOKLINE Secretary Name Treasurer Name HOWARD B. FREEDMAN HOWARD B. FREEDMAN Street Address Street Address 45 GREEN STREET 45 GREEN STREET City State City State Z.lp BROOKLINE MA BROOKLINE MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name HOWARD B. FREEDMAN Street Address Street Address 45 GREEN STREET City State Zip. City State ZIP PROOKLINE MA Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 12,500 COMMON 300 NPV COMMON NPV

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

	+ 5 5 8 1 8 +					
File Date:	3/2					
Check No.:	3284					
Ву:	CP CP					
FOR SECRETARY	OF STATE USE ONLY					





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

Zip

#### 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

55818 New England Surgical, Inc.\*\*TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF:

3. Street Address Principal Business Office
City
State
Zip
17 STAFFORD ROAD
FALL RIVER
MA
02722
4. Business Phone No.
5. State of Incorporation
MASSACHUSETTS
6. SIG Code
988

City

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

State

SALE OF SURGICAL SUPPLIES

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

President Name Vice President Name

HOWARD B. FREEDMAN
Street Address

45 GREEN STREET

City

Street Address

BROOKLINE, MA

Secretary Name Treasurer Name

STATE OF THE PROPERTY STATE OF THE PROPERTY

HOWARD B. FREEDMAN
Street Address
HOWARD B. FREEDMAN
Street Address

Zip

45 GREEN STREET 45 GREEN STREET

City State Zip City State Zip

BROOKLINE MA BROOKLINE MA

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

Director Name Director Name

HOWARD B. FREEDMAN

Street Address Street Address

45 GREEN STREET

City State Zip City State Zip

BROOKLINE MA

Director Name

Director Name

Street Address Street Address

City State Zip City State Zip

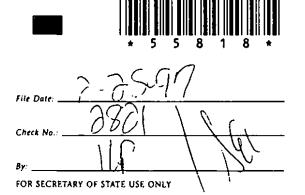
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

12,500 COMMON NPV 300 COMMON NPV

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



Under penalty of pellury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that ally system effect herein are true and correct.

Signature of Officer Duty

HOULD ON FRECH MAAI

State

Title of Officer

### **PROFIT CORPORATION ANNUAL REPORT**

Filing Period: January 1-March 1

Filing Fee: \$50.00

Ву:

For Secretary of State Use Only

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

		PLEASE TYPE OR PR	RINT IN BLACK INK.		
CORPORATE ID NO.	2. NAME OF CORPORATION		·		
55818	New Engla	nd Surgical,	Inc., d/b/a No	rtheast Sur	gical
STREET ADDRESS PRINCIPAL BUSINESS OF	FICE	~- <del>~</del>	any	STATE	ZIP C006
17 Stafford R	oad		Fall River	MA	02721
BUSINESS PHONE NO.		5. STATE OF INCORPORATION		•	6.SC 000E
(508) 675-7874		Massa	chusetts		XXXX
BRIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHOOE ISL	ANO		•	0000
Medical Supp	lies			•	
	8. N A M	ES AND ADDRE	SSES OF THE OF	FICERS	
ESDEMINAL Howard Freed	man		исе president наме попе		
noward rieed		-	STREET ADDRESS		
45 Green Str	eet				
TY 02.55011 5.62	STATE	ZP COOE	т опу — <del></del>	STATE	7P COOE
Brookline,	MA _				ار المستعدد بعد بينا بي
COMETANY NAME Howard Freed	man		Howard Freed	man	
IREET ADDRESS			STREET ADDRESS		
45 Green Str	eet		45 Green STr	eet	
45 Green Str		ZP COOE	Brookline	state MA.	ZP C006
Brookline	MA.		SSES OF THE DIR		·
RECTOR HAME	y. NAM	ES AND ADDRE	OPECTOR NAME	i E C i U n S	
Howard Freed	man		Leonard Freedr	man	
TREET ADDRESS		<u> </u>	STREET ADORESS		· · · · · · · · · · · · · · · · · · ·
45 Green STr	STATE	ZIP CODE -	637 Langley	Street siate	2P COOE
"' Brookline	MA.	Br CODE	Fall River	MA.	,
RECTOR NAME	MA+	<del></del>	DRECTOR HAVE		
	_			<b>.</b>	- •
TREET ADORESS			STREET ADORESS		
πγ	STATE	ZIP CODE	сту — .	- STATE	
					_
	10. S H	ARES AUTHORI	ZED AND ISSUED		_
	AUTHORIZED SHARES		· - •	ISSUED SHARES	-,
PAJAMBER OF SHARES	CLASS/SERIES	PAR YALUE	NUMBER OF SHARES	CLASS / SERIES	PARVALUE
12,500	Common	NPV	100	Common	NPV
	•	<b>-</b> ·			· <b>-</b> -
			· · · · - · · · -		•
Droc			NED IN INK by either the ant Secretary, Treasurer,		
Pres	sident, vice Preside	iii, Secretary, Assisti	ant Secretary, freasurer,	neceiver or muste	3
			Under penalty of report, including a	perjury, I declare and	affirm that I have examined the edules and statements, and the
			all statements co	ntained berein are true	edules and statements, and the and correct.
110	alai		LANU/U	LHUU	
File Date: $\frac{\partial}{\partial x} / \frac{\partial}{\partial x} = 0$	1176	•	Signature of Office	er	
File Date: 2/2 Check No: 2/15			Howard F	reedman	
Check No: $\mathcal{O}(I/\mathcal{O})$			Print or Type Nam	ne of Officer	<del></del>

President

Title of Officer

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:

1 20

#### ANNUAL REPORT

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

Name of Corporation: WEWEND-IANG	Suggicit	1 may	ome HE	ox to Center	s. Id.
Business entity organized under the laws of the State of:	MASS. 0	Business	Entity is (check	cone);	
For foreign entity, address and telephone number of princip 17 Stafford Road	[X] Business Corporation (See RIGL Chapter 7-1.1)				
Fall River, MA.		[ ] Pro	fessional Service	e Corporation (See RIGL C	hapter 7-5.1)
1022	<del></del>	Reief stat	ement of the ch	aracter of business conducte	diantada (1.1.
Phone: ( 508 675-7874		Sale	of Heal	th Care Product	a in Knode Island; Es
Address and telephone of the principal office of business en	tity in Rhode				
Island (Provide street address - Not P.O. Box):			<u>.</u>		
Paul S. Horvitz (Resident Age 180 Taber Avenue	ent)	<del></del>	<del></del>	<del></del>	<del></del>
Providence, Rhode Island				<u> </u>	<del></del>
Phone: (401) 331-9517	<del>-</del>			<del></del> .	
Pholic, Street		-	<del></del>	<del></del>	<del></del>
T	HE NAMES OF T	HE OFFICE	RS ARE:	· · · · · · · · · · · · · · · · · · ·	
PRESIDENT	STREET AL		-	CITY/STATE	ZZP CODE
Howard B. Freedman 45	Green Stre		Brookl	ine, Mλ.	02146
	STREET AL	DDRESS	n	CITY/STATE	ZZP CODE
Howard B. Freedman "	STREET AL	ODRESS	<del>"</del>	CITY/STATE	
Howard B. Freedman "	ti ii		11	" "	ZZP CODE
TREASURER	STREET AD	ORESS	<del>-</del>	CITY/STATE	ZP CODE
TH	E NAMES OF TH	IE DIRECTO	RS ARE:	<u> </u>	<del></del>
NAME	STREET AD	DRESS		CITY/STATE	ZIP CODE
Howard B. Freedman "	II II	horre	II		
•				CITYISTATE	ZUP CODE
Leonard Freedman 6	37 Langley : STREET AD	STreet. PORESS	Fall Ri	ver, MA.	ZUP CODE
					<b>a</b> 1000
NUMBER OF SHARES AUTHORIZED (Rider may be attached	d)	NUMBER OF	SHARES ISSUE	D AND OUTSTANDING (Rid	ler may be anached)
Number of Shares Class / Series	<del></del>	Number of S	<del></del>	Class / Series	
\					
12,500 Common no	par	300		Common no par	<u>-</u>
	NICH	CALCE AND C	CAUDGIGAL	TNO	
Date $-26$ , 19 96.	NEW 1 By:	ENGLAND S	PRGICAL	, INC.	
• •		ward Free	edman	·	
Form 31 1/95 TITLE OP OPF			ER SIGNING		
			DIVICE CO	DO OFFICE	
	EGISTERED AGI				<del></del>
PLEASE NOTE: If the registered office and/or registered:	avent indicăted below	is incorrect Fo	rm Umuci he fi	led .	

55818 Annual Report for the year: 1995

FILED

JAN 2 9 1996

By DD #55 155668 Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

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File Annually ELC 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	0055818	Annual Report for the year1994
Name of Business En	tity:	NEW ENGLAND SURGICAL AND HOME HEALTH C
Business entity organized	) under the laws of the State of Mass	Business Entity is (check one)  [ X] Business Corporation (See RIGL Chapter 7-1.1)
Federal Taxpayer Identifi	cation Number	[ ] Professional Service Corporation (See RIGL Chapter 7-5.4)
For foreign entity, address 17 Stafford	is and telephone number of principal office.  Road	[ ] Limited Liability Company (See RIGL 7-16)  Name, title and mailing address of contact person to whom
Fali River,	Massachusetts02727	Howard B. Freedman
Phone: (508) 6	575-7874	
Address and telephone of	f the principal office of business entity in Rhode	
Island (Provide street add	ress - Not P O Box; NONE	Brief statement of the character of business conducted in Rhode Island Surgical supplies and home health car products
	- <del></del> - ·	Date of Organization August 19, 1982
		Date of Qualification to do business in Rhode Island (if foreign entity):
Phone I I		
· .		
<u>П синта хеста</u> лув сънс <b>т</b>		S OF THE OFFICERS ARE:  ITREFT ADDRESS CITY/STATE ZPCOT
Howard B.	Freedman 637 Langley S	Street, Fall River, Massachusetts 02
	<u> </u>	O 2 STREET AUDRESS COLYSTATE ZIP COL
Howard B.	Freedman, 637 Langley S	STreet, Fall River, Massachusetts 02
	Proedman, 637 Langley S	STreet, Fall River. Massachusetts 02
NAM!	THE NAMES	OF THE DIRECTORS ARE: CHYSTATE Z PCOL
		reet, Fall River, Massachusetts 02
SAME	,	STRUCT AUDINESS CONTESTANTS ZIP CON
Howard B.		Street, Fall River, Massachusetts 02
NUMBER OF SHARE	S AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 12,	500	NUMBER 300
CLASS Com	mon,no par value	CLASS Common no par value
SERIES		SERIES PARTIES
PAR VALUE OR WITHOUT PAR		PAR VALUE OR WITHOUT PAR
DateJanuar	27	By Howard B. Freedman
	1	President/Treasurer
		TITLE ON OFFICER SIGNING
Form 31 1/94		
rym yr 1794	DESIGNATED REGISTERED OR	RESIDENT AGENT FOR SERVICE OF PROCESS:
	The same of the sa	<u> </u>

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

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

CEN

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

Corporate ID	0055518	•••••	Annual Report for th	e year 1999		
FIRST: The name of the corporation is		NEW ENGLAND SURGICAL AND HOME HEALTH				
	It is incorporated under the language of business, briefly s		Massachusetts Surgical supplies Health care produc all kinds – renta	ths and equipment of		
	<u>-</u>		principal officeiver, Massachusetts			
	.,		None			
Sixth: Na	ames and addresses of its dire	ectors an		(Attach rider if necessary)		
Leonard	Freedman D	irector irector	45 Green Street "Brookline, MA, 02 637 Langley Street "Fall River, MA. 0	146 t 2720		
Howard B	n	esident	45 Green Street	2146		
None	Vi	ce Presid	dent			
Howard B	3. Freedman Se	cretary		•••••		
Howard E	3. Freedman Tr	easurer	ft ft it			
SEVENTH:	Number of Shares authorize	ed:	Series	Par Value or statement that shares are without par value		
12,500	) Common		PAID	0		
EIGHTH: No of Shares	Number of Shares issued:		JAN 28 199 SECY OF STA	Par Value or statement that shares are without		
300			Strics - · · · ş			
DatedJan	Common nuary 21, 19 93		New England SUrgical Care Centers, Ltd.  (Name of Corporation)  By Howard By Freedman			
(Repo	rt must be signed by an officer)		TitlePresident			

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

FIRST: The name of the corporation is.  TERS, LTD. (NAME CHANGED TO NEW ENGLAND SURGICAL, INC. ON MARCH 23, 1990, IN MASSACHUSETTS)  SECOND: It is incorporated under the laws of Massachusetts.  THRU: Character of business, briefly stated, is Surgical supplies and home health care products and equipment of all kinds - rental and sales  FOURTH: If foreign corporation, address of its principal office.  17 Stafford Road, Fall River, Massachusetts  FIFTH: Business address in Rhode Island  SINTH: Names and addresses of its directors and officers:  Office Address including number, used, trip code)  Illoward B. Freedman Director 637 Langley Street, Fall River, Mass.  Leonard Froodman Director 637 Langley Street, Fall River, Mass.  Director  Howard B. Freedman President Clerk Scandark " " " " " " " " " " " " " " " " " " "	Corporate ID		•••••		Annual Re	port for the	year	ಚಿತ್ವ	• • • • • • • • • • • • • • • • • • • •
IN MASSACHUSETTS)  SECOND: It is incorporated under the laws of	First: The name of	of the corporation is		,	EW ENGLA	WD SURGI	ICAL 6	MO HOME	E REALTH (
IN MASSACHUSETTS)  SECOND: It is incorporated under the laws of	TERS, LTD. (NAME	E CHANGED TO	NEW ENGL	AND	SURGICAI	I, INC.	ON MAI	RCH 23,	1990,
THIRD: Character of business, briefly stated, is surgical supplies and home health care products and equipment of all kinds - rental and sales  FOURTH: If foreign corporation, address of its principal office.  17 Stafford Road, Pall River, Massachusetts  FIFTH: Business address in Rhode Island  SIXTII: Names and addresses of its directors and officers:  Name Office Office Office Address (including number, street, up code)  Howard B. Freedman Director Howard B. Freedman President Vice President Clerk Suxribity Howard B. Freedman Treasurer  Seventh: Number of Shares authorized: No of Share Class FEB 2-04, 1992 FEB 2-192  Far Value or subcreen that shares are without pursubee In the statement of the shares issued: No of Shares Class Series  New ENGLAND SURGICAL, INC. Name of Common No par  New and January  19 92. New ENGLAND SURGICAL, INC. Name of Common No par  New and B. Freedman No. Of Shares Output Par Value O			****************	,		* * * * * * * * * * * * * * * * * * * *	************		
FOURTH: If foreign corporation, address of its principal office	SECOND: It is incor	porated under the l	laws of	············	Massachi	usetts	•••••		•••••
FOURTH: If foreign corporation, address of its principal office	THIRD: Character of	of business, briefly s	stated, is	Sur	gical su	upplies	and ho	ome hea	lth care
FOURTH: If foreign corporation, address of its principal office.  17 Stafford Road, Fall River, Massachusetts  FIFTH: Business address in Rhode Island  SIXTH: Names and addresses of its directors and officers:  Office Address (including number, street, up code)  Howard B. Freedman Director 637 Langley Street, Fall River, Mass.  Director 637 Langley Street, Fall River, Mass.  Director Howard B. Freedman President " " " " " " " " " " " " " " " " " " "									
FIFTH: Business address in Rhode Island  Sixth: Names and addresses of its directors and officers:  Name Office Office Address (including number, street, pp code) Howard B. Freedman Director Howard B. Freedman Director Howard B. Freedman President Vice President Clerk SCIENKY Howard B. Freedman Treasurer  Seventh: Number of Shares authorized: No. of Shares Class Class SECY OF STATE No. Par Value or statement that shares are without par value Par Value or statement that shares are without shares are without par value or statement that shares are without s	£ = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	, a., p., o. i. i.					• • • • • • • • • • • • • • • • • • • •		************
FIFTH: Business address in Rhode Island  SIXTH: Names and addresses of its directors and officers:  Name Office Of	FOURTH: If foreign	corporation, addre	ss of its prin	cipal c	office				,
Sixth: Names and addresses of its directors and officers:  Name Office Address (including number, street, up cude)  Howard B. Freedman Director Howard B. Freedman Director Howard B. Freedman President Clerk Soxretax Howard B. Freedman Treasurer  Seventh: Number of Shares authorized: No of Shares Class No of Shares Class Series  Series  Clark No of Shares  Class Series  Pa Value Or statement that Shares are without par value Or Statement that Sh		1.7	Staffor	d Ro	ad, Fall	l River,	Massa	achuset	ts
Name Office Address (including number, street, up code)  Howard B. Freedman Director 637 Langley Street, Fall River, Mass.  Leonard Freedman Director 637 Langley Street, Fall River, Mass.  Director  Howard B. Freedman President " " " " " " " " " " " " " " " " " " "	FIFTH: Business ad	dress in Rhode Isla	131 Cla	у ЅТ	reet, Pa	awtucket	, Rhod	de Isla	nd
Leonard Freedman  Director  Howard B. Freedman  Vice President  Clerk Scarcary  Howard B. Freedman  Treasurer  Seventh: Number of Shares authorized:  No of Shares  Class  FEB 2-0. 1992  12,500  Common  SECY OF STATE  No Par  Par Value or statement that shares are without par value  12,500  Common  SECY OF STATE  No Par  Par Value Or statement that shares are without par value  No of Shares  Class  Scries  No Par  Dated January  19 92.  New ENGLAND SURGICAL, INC.  (Name of Corporator)  By Howard B. Freedman  No. All Par Value Or statement that shares are without par value  Par Value Or statement that Shares are without par value Par Value Or statement that Shares are without par value  Par Value Or statement that Shares are without par value Or statement that Shares are without par value Or statement that Shares are without par value Or s		addresses of its dire		fficers:	Add	ress (including nu			f necessary)
Director  Howard B. Freedman President " " " " " " " " " " " " " " " " " " "	Howard B. Fre	edman D	irector	637	Langley	Street,	Fall	River,	Mass.
Howard B. Freedman President  Vice President  Clerk SCRPENY  Howard B. Freedman Treasurer  Seventh: Number of Shares authorized:  No of Shares  Class  FEB 2ed 1992  12,500  Common SEC'Y OF STATE  No Par  EIGHTH: Number of Shares issued:  No of Shares  Class  Series  Par Value or statement that shares are without par value or statement that shares are without par value or statement that shares are without par value One of Shares  No of Shares  Class  Series  No par  Dated January  19 92.  NEW ENGLAND SURGICAL, INC.  (Name of Corporator)  By Howard B. Freedman  """  ""  """  Par Value Or statement that shares are without par value  Par Value Or sta	Leonard Freed	iman D	irector	637	Langley	STreet,	Fall	River,	Mass.
Vice President Clerk Screeky Howard B. Freedman Treasurer  Seventh: Number of Shares authorized: No. of Shares Class FEB 2ed 1992 Par Value or statement that shares are without par value 12,500 Common SECY OF STATE No Par  EIGHTH: Number of Shares issued: No of Shares Class Series Par Value or statement that shares are without par value or statement th		D	irector						
Howard B. Freedman  Clerk Screening  Howard B. Freedman  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  FEB 2eQ. 1992  Par Value or statement that shares are without par value  12,500  Common  SECY OF STATE  No Par  EIGHTH: Number of Shares issued:  No of Shares  Class  Series  Par Value or statement that shares are without par value  Or s	Howard B. Fre	edman Pr	esident	"		<b>11</b>		11	
Howard B. Freedman  Clerk Screening  Howard B. Freedman  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  FEB 2eQ. 1992  Par Value or statement that shares are without par value  12,500  Common  SECY OF STATE  No Par  EIGHTH: Number of Shares issued:  No of Shares  Class  Series  Par Value or statement that shares are without par value  Or s		Vi	ice President	t					
SEVENTH: Number of Shares authorized:  No. of Shares  Class  Class  FEB 2 of 1992  Par Value or statement that shares are without par value  12,500  Common  SEC'Y OF STATE  No Par  EIGHTH: Number of Shares issued:  No of Shares  Class  Series  Series  Par Value or statement that shares are without par value  Or statement that shares are without par value  No of Shares  Class  Series  No par  No par  Dated January  19.92.  NEW ENGLAND SURGICAL, INC.  (Name of Corporation)  By  Howard B. Freedman	Howard B. Fre	eedman C	lerk	n 	n 	n		0	n
No. of Shares  Class  FEB 2erOs 1992  The shares are without par value  12,500  Common  SEC'Y OF STATE  No. Par  EIGHTH: Number of Shares issued:  No. of Shares  Class  Series  Par Value or statement that shares are without por statement that shares are without par value  No. of Shares  Class  Series  No. par  Dated January  19,92.  NEW ENGLAND SURGICAL, INC. (Name of Corporation)  By Howard B. Freedman	Howard B. Fre	edman Tı	reasurer	H	ii	a	†t	t <b>t</b>	ŧ:
No. of Shares  Class  Common  Common  Common  Common  Common  EIGHTH: Number of Shares issued:  No. of Shares  Class  Class  Class  Series  Par Value or statement that shares are without par value  No. of Shares  Class  Series  No. par	SEVENTH: Number	of Shares authorize	ed:		PAID		(		ı
EIGHTH: Number of Shares issued:  No of Shares  Class  Series  Par Value or statement that shares are without par value  300  Common  No par  Dated January  19 92.  NEW ENGLAND SURGICAL, INC. (Name of Corporation)  Howard B. Freedman	No. of Shares	Class		FEB 2.0. 1992		shares are without			
No of Shares  Class  Scries  Scries  Oated January  19 92.  NEW ENGLAND SURGICAL, INC.  (Name of Corporation)  By  Howard B. Freedman	12,500	Commo	n	SEC	Y OF ST	ATE		No Par	
No of Shares  Class  Series  par value  300  Common  No par  Dated January  19 92.  NEW ENGLAND SURGICAL, INC.  (Name of Corporation)  Howard B. Freedman	Eighth: Number of	of Shares issued:						or statement that	
Dated January 19 92. NEW ENGLAND SURGICAL, INC.  (Name of Corporation)  By  Howard B. Freedman	No of Shares	Class			Series		5		)l
By Howard B. Freedman	300	Common					1	No par	
By Howard B. Freedman	Dated January		. N	IEW E	NGLAND S	SURGICAL	, INC	•	
Howard B. Fredding	·	/	(Na	./	rporasion (	L WANN			
TENERALIS THE AND THE HOLD THE AND	(Renort must be	signed by an officer)	•	Howa		re <b>¢d</b> man t-Treasu	rer		

# State of Rhode Island and Irovidence Illantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00558	(8	Annual Report for	the year 1981
FIRST: The name of the co	orporation is	England Surgical, Inc	
	D/B/	A Northeast Surgical	
SECOND: It is incorporated	d under the laws of	Massachusetts	
THIRD: Character of busin	ness, briefly stated, is	sale of surgical sup	plies
FOURTH: If foreign corpor	ration, address of its pri	ncipal office 17 Staffor	d Road, Fall River, MA
FIFTH: Business address in	Rhode Island c/o	Paul S. Horvitz	
	180	Taber Avenue, Provid	ence, RI 02903
SIXTH: Names and address	ses of its directors and o		(Attach rider if necessary) ng number, street, zip code)
Boward B. Freedman	Director	45 Green St., Bro	okline, MA
	Director		
	Director		······································
Howard B. Freedman	President	45 Green St., Broo	okline, MA
	Vice Presiden	ıt	
Boward B. Freedman	Secretary	45 Green St., Broo	okline, MA
Boward B. Freedman	Treasurer	45 Green St., Broo	okline, MA
SEVENTH: Number of Sha	res authorized:	Series	Par Value or statement that shares are without par value
12,500 FALT	Common		NPV
EIGHTH: SNumber of Share	s issued:	Series	Par Value or statement that shares are without par value
A 300	Common		NPV
Dated	19 // ß	New England Surgical ame of Corporation)	Inc.
(Report must be signed by	an officer) Tit	de Plesetert	

## JOHN S. DIBONA

(401) 943-6655 FAX (401) 943-8744



THE PHENIX BUILDING
145 PHENIX AVENUE
CRANSTON, RHODE ISLAND 02920

September 20, 1989

NEW ENGLAND SURGICAL AND HOME HEALTH CENTERS, LTD. 17 Stafford Road Fall River, MA 02721

Gentlemen:

Please be advised that the undersigned represents New England Surgical Center, Inc., a Rhode Island corporation doing business at 1174 Park Avenue, Cranston, Rhode Island. My client was incorporated under the laws of the State of Rhode Island on December 24, 1982. Since its incorporation my client has been engaged in the business of a health care supply center selling and distributing at retail and wholesale, medical and surgical equipment and all other supplies incidental to a health care center throughout the state of Rhode Island. It has established good will and a good reputation in the medical and surgical care business which have become associated with the exclusive use of the name, "New England Surgical" in the State of Rhode Island since its incorporation.

In reviewing a listing of Rhode Island incorporations in the Business Section of The Providence Journal on July 30, 1989, I discovered that your corporation had qualified to do business in the State of Rhode Island on May 12, 1989. Thereafter, I contacted the Corporations Division of the Rhode Island Secretary of State's office. I was advised that your corporation was a Massachusetts corporation which had become qualified to do business in the State of Rhode Island under the name "New England Surgical and Home Centers, Ltd." I advised the Secretary of State's office that my client had been incorporated on December, 24, 1982 under the name New England Surgical Center, Inc. and that pursuant to Rhode Island General Laws Section 7-1.1-7 had the exclusive right to the use of that name in this state. I was advised by that office that a notice would be sent to your company indicating that in light of the fact that your name was deceptively similar to the name of my client, that you would have to adopt a ficticious business name which was not deceptively similar to my client's name and operate in

the State of Rhode Island under that ficticious business name. It is my understanding that you were advised of that fact by the Director of the Corporations Section of the Secretary of State of the State of Rhode Island.

My client was recently advised by one of its customers of your company's solicitation in the State of Rhode Island under the name "New England Surgical". I have in my possession a brochure and a business card of one of your representatives that was given to the customer of my client. This has led to confusion and certainly will lead to confusion among customers and potential customers of my client, in the future. It is my position that the use by you of the name "New England Surgical" in that State of Rhode Island, and your direct competition with my client through the use of that name in the State of Rhode Island amounts to "unfair competition".

Unless you cease and desist from engaging in this unfair competition through the use of the name "New England Surgical" in the State of Rhode Island, my client has instructed me to commence a civil action against you in the Providence County Superior Court. My client will seek preliminary and permanent injunctions restraining you from engaging in unfair competition with it through the use of the name "New England Surgical" in the State of Rhode Island, as well as monetary damages.

If I do not hear from you, or someone representing you within ten (10) days of this letter, I have been instructed to commence this action against you.

Very truly yours,

JOHN S. DIBONA

JSD/jat

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

Corporate ID	Tests dieta	Annual Report for	the year 1990				
FIRST: The name	of the corporation is	NEW ENGLAND SURGICAL AND HOME REALTH CENT: Ltd., d/b/a NORTHEAST SURGICAL					
SECOND: It is inco	orporated under the laws of	Massachusetts					
THIRD: Character	of business, briefly stated, is	Surgical supplies and	home health care				
products	and equipment of all b	kinds - rental and sales	·				
		principal office17. Staff	ord Road, Fall River,				
		31 Clay Street, Pawtucke					
SIXTH: Names and	addresses of its directors an		(Attach rider if necessary)				
Howard B. Freedman	Director	.45 Green Street, Brookline, MA 02146					
Leonard Freedman	Director	637 Langley Street,	Fall River, MA 02720				
	Director						
·······	President						
······	Vice Presid	lent					
Howard B. Freedman	Secretary	45 Green Street, Br	ookline, MA 02146				
Howard D. Freedman	110000101	institution of the second	•••				
SEVENTH: Number	of Shares authorized:		Par Value  or statement that shares are without par value				
No. of Shares	Class	Series	No par value				
12,500	Common	PAID					
Eighth: Number of	of Shares issued:	JUN 2 1 1990 SEC'Y. Series STATE	Par Value or statement that shares are without				
No. of Shares	Class	SEC' 1 Series	par value				
300	Common		No par value				
Dated June 15,	19 90	NEW ENGLAND SURGICAL AND (Name of Composition) 9/b/a NOR  By Howard A. J. Freedman	ND HOME HEALTH CARE CENTERS, L'THEAST SURGICAL				
(Report must be	signed by an officer)	Title President					