



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 02903-4133
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75319		2. Name of Corporation Drew Medical, Inc.			
3. Street Address Principal Business Office 77 Old Hickory Drive			City Cumberland	State R.I.	Zip 02864
4. Business Phone No. 401-334-1837		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND SERVICING MEDICALEQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna C Drew			Vice President Name		
Street Address 77 Old Hickory Drive			Street Address		
City Cumberland	State R.I.	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 ("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
8,000 NO PAR VALUE		0	- 0 -		- 0 -

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.

Signature of Officer Donna C Drew Date 01/03/05

Donna C Drew
Print or Type Name of Officer

President
Title of Officer

File Date 1/10/05
Check No. 3402
By: W

FOR SECRETARY OF STATE USE ONLY



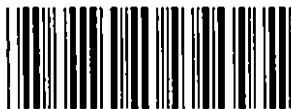
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75319		2. Name of Corporation Drew Medical, Inc.			
3. Street Address Principal Business Office 77 Old Hickory Drive			City Cumberland	State R.I.	Zip 02864
4. Business Phone No. 401-334-1837		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND SERVICING MEDICAL EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna C. Drew			Vice President Name N/A		
Street Address 77 Old Hickory Drive			Street Address		
City Cumberland	State R.I.	Zip 02864	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
8,000 NO PAR VALUE			NONE		

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



* 7 5 3 1 9 *

File Date	2/24/04
Check No.	3187
By:	18
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.

Donna C. Drew **01-19-04**
Signature of Officer Date
DONNA C. DREW
Print or Type Name of Officer
President
Title of Officer



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

116 North Main Street, Providence, RI 02903-1555
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 OR PRINTED IN BLACK)

1. Corporate ID No. **75319** 2. Name of Corporation **Drew Medical, Inc.**

3. Street Address Principal Business Office **77 Old Hickory Drive** City **Cumberland** State **R.I.** Zip **02864**
4. Business Phone No. **401-334-1837** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5884**

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

Resale of Medical Products to Hospitals

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

President Name

Vice President Name

Donna C. Drew

None

Street Address **77 Old Hickory Drive**

Street Address

City **Cumberland** State **R.I.** Zip **02864**

City State Zip

Secretary Name

Treasurer Name

None

None

Street Address

Street Address

City State Zip City State Zip

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

Director Name

Director Name

None

None

Street Address

Street Address

City State Zip City State Zip

Director Name

Director Name

None

None

Street Address

Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

8,000 None

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



* 7 5 3 1 9 *

File Date: 5-22-03

Check No.: 2992

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.

Donna C. Drew 5-20-03
Signature of Officer Date

DONNA C. DREW
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. **75319** 2. Name of Corporation **Drew Medical, Inc.**
3. Street Address Principal Business Office **77 Old Hickory Drive** City **Cumberland** State **RI** Zip **0286**
4. Business Phone **401-334-1837** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5884**
7. Brief Description of the Character of Business Conducted in Rhode Island

Medical Distributor Sales and Service

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

President Name	Vice President Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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
Street Address	Street Address
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
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
- 0 -

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



* 7 5 3 1 9 *

File Date: 1-18-02
Check No.: 2587
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.

Donna C Drew 1/7/02
Signature of Officer Date

Donna C. Drew
Print or Type Name of Officer

President
Title of Officer
5



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. **75319** 2. Name of Corporation **Drew Medical, Inc.**
3. Street Address Principal Business Office **77 Old Hickory Drive** **Cumberland** **RI** State **02864** Zip
4. Business Phone No. **401-334-1837** 5. State of Incorporation **RHODE ISLAND** 6. ~~5684~~

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and Service of Medical Products to physician's offices and hospitals.

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

President Name Donna C. Drew	Vice President None
Street Address 77 Old Hickory Drive	Street Address
City Cumberland State RI Zip 02864	City State Zip
Secretary Name None	Treasurer Name None
Street Address	Street Address
City State Zip	City State Zip

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0		0

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



* 7 5 3 1 9 *

File Date: 1/18
2265
Check No.: 22
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.

Donna C. Drew 1/8/01
Signature of Officer Date
Donna C. Drew
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75319** 2. Name of Corporation **Drew Medical, Inc.**

3. Street Address Principal Business Office City State Zip

4. Business Phone No. **77 Old Hickory Drive** 5. State of Incorporation **Cumberland** 6. SIC Code **02864**
401-334-1837 **RHODE ISLAND** **5884**

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

Medical Products to hospitals and physician's offices

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

President Name

Vice President Name

Street Address **Donna C. Drew**

Street Address

City State Zip City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip City State Zip

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

Director Name

Director Name

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 SHS NO PAR VALUE

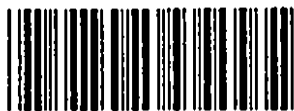
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

— 0 —

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



* 7 5 3 1 9 *

File Date: 3/20/00

Check No.: 3333

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.

Donna C. Drew 2/25/2000
Signature of Officer Date

Donna C. Drew
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. **75319** 2. Name of Corporation **Drew Medical, Inc.**

3. Street Address Principal Business Office

77 Old Hickory Drive

City

Cumberland

State

RI

Zip

02864
6. SIC Code
5884

4. Business Phone No.

401-334-1837

5. State of Incorporation
RHODE ISLAND

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

Medical hardware and disposables to physician offices & hospitals

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

President Name

Donna C. Drew

Vice President Name

Randall Drew

Street Address

77 Old Hickory Drive

Street Address

77 Old Hickory Drive

City

Cumberland RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

Secretary Name

None

Treasurer Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



* 7 5 3 1 9 *

File Date: 1-6-99

Check No.: 2924

By: 1UP 12

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.

Donna C. Drew 1/4/99
Signature of Officer Date

Donna C. Drew
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. 2. Name of Corporation

75319

Drew Medical, Inc.

3. Street Address Principal Business Office

77 Old Hickory Drive

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

401-334-1837

5. State of Incorporation

Rhode Island

6. SIC Code

5884

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

Resale & Service of Medical Equipment and Supplies

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

President Name

Randall Drew

Street Address

77 Old Hickory Drive,

City

State

Zip

Cumberland

RI

02864

Secretary Name

Street Address

City

State

Zip

Vice President Name

Donna C. Drew

Street Address

77 Old Hickory Drive

City

State

Zip

Cumberland

RI

02864

Treasurer Name

Street Address

City

State

Zip

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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

File Date: 6/12/98

Check No.: 2693

By: KID

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.

Donna C. Drew 6/10/98
Signature of Officer Date

Donna C. Drew
Print or Type Name of Officer

Vice 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

75319

2. Name of Corporation

Drew Medical, Inc.

3. Street Address Principal Business Office

77 OLD HICKORY DRIVE

City

CUMBERLAND

State

RI

Zip

02864

4. Business Phone No.

401/334-1837

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

MEDICAL SALES & SERVICE

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

President Name

RANDALL DREW

Vice President Name

NONE

Street Address

Street Address

77 OLD HICKORY DR.

City

State

Zip

City

State

Zip

CUMBERLAND

RI

02864

Secretary Name

Treasurer Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

RANDALL DREW

Director Name

NONE

Street Address

Street Address

77 OLD HICKORY DR.

City

State

Zip

City

State

Zip

CUMBERLAND

RI

02864

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

0

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



* 7 5 3 1 9 *

File Date:

2/19/97

Check No.:

2093

By:

W. J. / 1/97

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

Print or Type Name of Officer

Title of Officer

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. 75319 2. NAME OF CORPORATION Drew Medical, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2894 MENDON ROAD CITY CUMBERLAND STATE RI ZIP CODE 02864
4. BUSINESS PHONE NO. 401/658-2136 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
SALES/SERVICE OF MEDICAL EQUIPMENT & PRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME RANDALL DREW VICE PRESIDENT NAME —
STREET ADDRESS 2894 ~~STATE~~ MENDON RD. STREET ADDRESS —
CITY CUMBERLAND STATE RI ZIP CODE 02864 CITY — STATE — ZIP CODE —
SECRETARY NAME — TREASURER NAME —

STREET ADDRESS — STREET ADDRESS —
CITY — STATE — ZIP CODE — CITY — STATE — ZIP CODE —

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME RANDALL DREW DIRECTOR NAME —
STREET ADDRESS 2894 ~~STATE~~ MENDON RD. STREET ADDRESS —
CITY CUMBERLAND STATE RI ZIP CODE 02864 CITY — STATE — ZIP CODE —
DIRECTOR NAME — DIRECTOR NAME —

STREET ADDRESS — STREET ADDRESS —
CITY — STATE — ZIP CODE — CITY — STATE — ZIP CODE —

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS NO PAR VALUE			NONE		

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:

2/16/96

Check No:

1539

By:

cc / up

For Secretary of State Use Only

Signature of Officer

RANDALL DREW

Print or Type Name of Officer

PRESIDENT

Title of Officer

12/18/95

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.

0075319

1995

Corporate ID: _____ Annual Report for the year: _____

Drew Medical, Inc.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

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

MEDICAL SUPPLIES / SERVICE2894 MENDON RD.CUMBERLAND, RI 02864Phone: (401) 658-2136

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

VICE PRESIDENT RANDALL DREW 2894 MENDON RD. CUMBERLAND RI 02864

STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME RANDALL DREW 2894 MENDON RD. CUMBERLAND RI 02864

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

Number of Shares

Class / Series

8000NO PAR VALUE0Date 2/20/95, 19____

By: _____

RANDALL DREW

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.

RANDALL DREW
2894 MENDON ROAD
CUMBERLAND RI 02864

FILED

FEB 22 1995

By RANDALL DREW