

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

Corporations Division 100 North Maty Street Providence, RI 0290341355 401.222,304

2005

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______

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

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)					1, 111	
1 Corporate ID No	2. Name of Corporation			<u></u>			
75319	Drew Medical, Inc	C	·		161		
3 Street Address Principal Business Of	=		City:	State	200064	· 1 1	
77 Old Hicko	ory Drive		Cumberland	R.T	02864		
1 Business Phone No.		5. State of Incorporation			6. SIC Code	.	
7 Brief Description of the Character of		RHODE ISLAND	<u></u>	·	5884	 	
TO ENGAGE IN THE BUS	SINESS OF SELLING	AND SERVICING MEDIC	CALEQUIPMENT.		11.11		
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) ☐ FILL IN SPA	CES BEFORE USING AT	TACHMENTS		
President Name		(Vice President Name		المال		
Donna C Dro	Donna C Drew				i iilliili		
Street Address	4		Street Address			100	
77 Old Hicko	ory Drive		<u>:</u>			1 1 1 1	
City	State	Zip	City	State	Z(p	¦~/#	
Cumberland	R.I.	02864	; ;	.]	l		
Secretary Name	•		Tresisurer Name			1 [][]	
		<u> </u>	Committee de de de la committee de la committe			┸╌╢╢	
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City	State	Z(p	City	State	Zyp		
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9. NAMES AND ADDRESSES	I OF THE DIRECTORS	! 5: <i>("X" BOX FOR ATT</i>	: 'ACHMENT) ☐ FILL IN SI	PACES BEFORE USING A	ATTACHMENTS		
Director Name			Director Name			i ,i	
			<u>:</u>	_	- <u>- </u>		
Street Address			Sirvet Address				
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City	State	Zip	City	State	Zip	1111	
	L	J	: Dimeron Nama		. l		
Director Name		•	Director Name		1.1		
Stret Address			Street Address	<u> </u>		 	
Sittle Filler (2)					li d		
Citr	State	Zip	City	State	Zip i		
					!		
10. SHARES AUTHORIZED (("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES			ISSUED SHARES	· · · · · · · · · · · · · · · · · · ·	1, ,		
Number of Shares	ClassiSeries	Par Value	Number of Shares	Class/Series	Par Value		
8,000 NO PAR VALUE			-0-		-0-	¦i]	
	-0-	<u> </u>				┼┼┤╟╽	
This report must be s	ianad in ink by aithe	or the President Vice P	resident, Secretary, Assistant (Secretary Treasurer Rec	civer or Trustee (
rins report inuscoe s	ighed in the by cane	i the Freshdent: Vice (resident. Secretary, reseasement	secretary, recosarion nee		111111	
{ [0]	19961 91193 11181 1191 3 11	III 1 20 1			ila \$1		
				•		[]	
			Hoder penalty of perium	y. I declare and affirm that I	have examined his	m 20 m	
			including any accompar	lying schedules and stateme	nts, and that all state	ments	
		}	contained herein are tru		!	1 :	
File Date _ 1/10/05			I James	Kh!!	.01/03/05	. '-	
			Signature of Officer	<u>a varie</u>	Date		
Check No. 3402	<u> </u>		B A A		-		
Ι ιΔ			Donna C Da Print or Type Name of Of		T.	1	
By:		[22		•		[, :]]]	
FOR SECRETARY OF STA	NTE USE ONLY		President Title of Officer		. [L: .: [-].(L)	 	
-		ı	The of Officer		Form 630 Rev 12/		
					ii (1117#1	ELLEFTH I	



FOR SECRETARY OF STATE USE ONLY

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

401.222.3010

2004

Corporate ID No.	2 Name of Com						
75319	Drew Medic	al, Inc.		<u> </u>			
Street Address Principal Bus	**		City	State	Zip		
77 Old Hic	<u>kory Drive</u>		Cumberland	R.I.	02864		
Business Phone No.	_	5 State of Incorporation					
401-334-183		RHODE ISLAND	D				
	BUSINESS OF SELI	ING AND SERVICING MED					
I. NAMES AND ADDRE President Name	SSES OF THE OFFIC	CERS: ("X" BOX FOR ATT	Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS		
Donna C. D	rew		N/A	 _			
Street Address 77 Old Hickory Drive		Stroed Address					
Элу	State	Ζίρ	City	State	Zip		
Cumberland	, R.I.	02864					
Secretary Name		Treasurer Name					
N/A		<u> </u>	N/A				
treet Address		Street Address					
Tay	State	Zip	City	State	Zip		
Street Address			Street Address		Two.		
City	State	Zip	City	State	Zip		
Director Name			Director Name	•••••	• • • • • • • • • • • • • • • • • • • •		
N/A		• 	N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) 🗆			
Number of Shares	Class/Series	Par Value	Number of Shares	ClassiSeries	Par Value		
8,000 NO PAR VALUE		NONE					
	_						
This report mu	st be signed in ink b	y either the President, Vice	President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Truste		
							

16 North Main Street, Providence, Ku UZYUS-1333 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

IFORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

75319

Drew Medical, Inc.

3. Street Address Principal Business Office

City

State

77 Old Hickory Drive 4. Business Phone No.

S. State of Incorporation

R.I.

02864

RHODE ISLAND

5884

401-334-1837

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

Cumberland

Donna C. Drew

77 Old Hickory Drive

NODE...

Cin

State

7,10

Cumberland

R.I.

02864

Treasurer Name

Secretary Name None Street Address

None...

City

City

City

City

State

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

Director Name

None Street Address

None Street Address

State

City

Director Name

Street Address

None

State

Zip

Director Name

None

State

Zip

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Por Value

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

Class/Series

Par Value

Number of Shares

ISSUED SHARES

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



Check No.

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

Print or Type Name of Office

Title of Officer

Form 630 12/02

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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401-222-3040

iling	Period:	January	1-March	1 •	Filing	Fec:	\$50.00

STOP PLEASE READINSTRUCTIONS

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

Zip

(FORM MUST BE TYPED IN BLACK)

4. Husiness Phone Durew Medical, Inc. 5. State of Incorporation ŔΙ

0286 6. SIC Code

401-334-1837

RHODE ISLAND

5884

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

Medical Distributor Sales and Service

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

Donna C. Drew

Street Address

City

77 Old Hickory Drive

Street Address

Zip

Cumberland RI. 02864

Treasurer Name

Street Address

Street Address

Secretary Name

State

Zig

City

City

State

Zip

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

Director Name

Director Name

Street Address

City

City

State

State

Street Address

State

Zip

Director Name

Director Name

City

Street Address

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

8,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

ISSUITED STIARES

Number of Shares

Class/Series

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

that all statements contained herein are true and correct

this report, including any accompanying schedules and statements, and

Par Value

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



File Date: _



(-18-02

Check No.:

FOR SECRETARY OF STATE USE ONLY

5 3 1 9

Drew <u>Donna C.</u> Print or Type Name of Officer

President

<**∵>** 5

Form 630 12/01

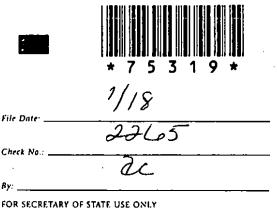
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 02864 zip RI State 3. Street Address Principal Business Off Old Hickory Drive Cumberland 4. Business Phone No. 6.588 Ade 401-334-1837 7. Brief Description of the Clinracter 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** Vice Presid NOIBe President Name Donna C. Drew Street Address Street Address 77 Old Hickory Drive City City · State Zip 02864 Cumberland Secretary Name None None Street Address Street Address City State Zio City State 7.1p 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Nam None Director Name None Street Address Street Address City City Director Nam Notte Director Name None Street Address Street Address City State State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ALITHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 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



Under penalty of perjury, I	declare and affirm th	nat I have examined 📡
this report, including any a	accompanying schedu	iles and statements, and
that all statements contain	ed herein are true an	d correct.
Signature of Officer	. Drew	- 1/8/01
Signature of Officer		Date
Donna C.	DREW	
Print or Type Name of Officer	4_	
Presiden	Γ	

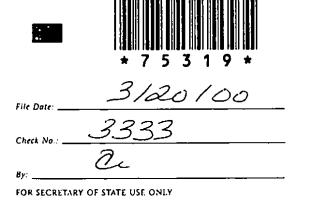


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

FORM MUST BE TYPED IN	I BLACK)				
Corporate ID No. 75319	2. Name of Corporat Drew Medic				
l. Street Address Principal Bus	siness Office		City	State	ZIp
Rusiness Phone No.		S. State of Incorpora		RI	02864. _{od}
. Brief Description of the Cha	401-334-1837 lef Description of the Character of Business Conducted in				2304
	Products to hos RESSES OF THE OFFI		YSICIAN'S OFFICES TTACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTA	CHMENTS
Donna .C.	. Drew		Street Address		
Sity	State	Zip	City	State	Zip
ecretary Nume			Treasurer Name		
street Address			Street Address		
City	State	ZIp	City	State	Zip
9. NAMES AND ADD Director Name	RESSES OF THE DIRE	CTORS (*x* box foi	R ATTACHMENT) FILL IN SP Director Name	ACES BEFORE USING AT	TACHMENTS
itreet Address			Street Address		
Sity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHOF	RIZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHME	NT)
				Class/Series	

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.

_Dor	ma G. I):pe Name	-Drew	
'rint of	type Name	of Officer	

Signature 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



(FORM MUST	T BE TYPED IN BLACE	K)					/_
1. Curporate I.	^{ט א ט} . 75319	2. Name of Corporat Drew Medic	al, Inc.				
3. Street Addr	ess Principal Business O	ffice		City	State	Zip	
	401-334-183	7 f Business Conducted In			RI	02364 6. SIC Carle 5884	
Medic 8. NAMES President Nam	S AND ADDRESS	and dispose ES OF THE OFFE	bles to physican CERS ("X" BOX FOR ATTAC.	offices & hospit HMENT) FILLIN SPACES Vice President Name	als Before Using Atta	CHMENTS	
Street Address	Donna C. Dre	∋w		Randall Drew			
City	77 Old Hicko	ory Drive	Zip	77 Old Hickon	ry Drive	Zip	
Secretary Nam	Cumberland	RI	02864	Cumberland Treasurer Name	RI	02864	••••
Street Address	None			None Street Address		-	
City		State	ZIp	City	State	Zip	
9. NAMES		ES OF THE DIRE	CTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS	· -
Street Address	None			None Street Address		-	
City		State	Zip	City	State	Zip –	
Director Nam	None			Director Name None	•		••••
Street Address	•			Street Address			
City		State	Zip	City	State	Zip	
10. SHARI	ES AUTHORIZED	("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BUX FOR ATTACHME	NT) 1	
Number of Sh	nares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value	
8,000	SHS NO PAR V	ALUE		NUNE			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver

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Check No.:	2924	,		
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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 DREW Print or Type Name 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 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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STOP:

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 75319 Drew Medical, Inc. Zip State City 3. Street Address Principal Business Office 77 Old Hickory Drive 02864 6. SIC Code Cumberland RI 5. State of Incorporation 4. Business Phone No. 401-334-1337 Rhode Island 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 Donna C. Drew Street Address 77 Old Hickory Drive, 77 Old Hickory Drive Cliv City Cumberland RICumberland RF 02864 02864 Treasurer Name Secretary Name Street Address Street Address Zip City Zio City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip State CITY State City Director Name Director Name Street Address Street Address State 2.10 City 210 City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Volue Number of Shares Class/Series Par Value Class/Series Number of Shares 0 8,000 SHS NO PAR VALUE

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

	. 1
File Date:	6/12/98
Check No.: _	2093
By:	1610
	TARY 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.

Segments of Officer Date

Donna C. Drew

Print or Type Name of Officer

Vice President



8,000 SHS NO PAR VALUE

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

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation



75319	Drew Medi	ical, Inc.			
1. Street Address Principal Bus	Iness Office) a i u =	Cly,	wi) State	02869
// OUD / 1. Business Phone No.	HICKORY L	5. State of Incorporate		· ·	6, SIC Code
401/334	- 1837	RHODE IS			
7. Brief Description of the Cha. MEDICAL	SALESE	SALVICE			
B. NAMES AND ADD			TACHMENT)		
President Nome	\sim		Vice President Name	4.41 . 45	
	u Dirion	J	Street Address	NUNE	
Street Address	· ilana	m 1)-	Stiest Maniess		
11 DU.) MICACOL	Zip	City	State	Zip
5treet Address 77 ULC City, CLULUDIEZCOM Secretary Name	VD RI	02869	Treasurer Name		•
Street Address	ル ロル,≒		Street Address	NUNE	
City	State	Zip	City	State	Zip
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR			
Director Name	7)		. Director Name	1 (10 F	
Street Address	er Dirter	~ ↑ -	Street Address	New-	,
City ,	LD 1+1C1KC State	Zip IJA.	City	State	Zip
CUNIS 1) Director Name	125	02864	Director Name		
Street Address	News	_	Street Address	CONE	
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED AND ISSUED	(*X* BOX FOR ATTACHME			
AUTHORIZED SHARES			ISSUED SHARES	Class/Series	Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	CIRTALICA	

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

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* 7 5 3 1 9 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date: 3/9/97 /	Signature of Officer Date
By:	Print or Type Name of Officer 12551750. 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

For Secretary of State Use Only

Filing	Fee:	\$50.00

÷		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE 10 I/O.	2. NAME OF CORPORATION			-	
75319	! Drew Me	dical, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINES	_		'ar	STATE	75P COOR
2894 ME	NOON ROAD		CumisZALLAND	RI	02864
BUSINESS PTILINE NU.	·	5. STATE OF NICORPORATION			6. SC COOE
401/658-	2136	RHODE IS	SLAND		8888
	ERÍ OF BUSINESS CONDUCTED UM RHODE ISUA	•			
SALES/SEM	VICE OF MISK	own sou	4017 EPNODUCT	Ś.	
	N A M	ES AND ADDR	ESSES OF THE OFFI	CERS	
RESIDENT NAME	D		VICE PRESIDENT NAME		
ICANION.	u Drow	 -	STREET ADDRESS		
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304 F	, STATE	7013 C 70 144 3	ary	STATE	ZIP COOE
Cursician	10, RA	02864			<u> </u>
ECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
The Particular			#11-## 11-## 110 EM		
TÝ TIÝ	STATE	₹iP 000€	άτγ	STATE	72P C00E
		j			·
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DA. MAA	Dutan				
STPEET ADDRESS			STREET ADDRESS	······································	
2894	Site MI	ENDOW RO			
ALL	STATE	ZIP CODE	an	STATE	ZP 000€
DRECTOR NAME	Drisu Silve MI	0664	DIRECTOR NAME	<u> </u>	
,					
STREET ADDRESS			STREET ADDRESS		
		1 52 500	ary	STATE	↑ ZIP COO€
MA.	STATE	T ΣIP CODE	air	* SINIE	a de la contraction de la cont
The second secon	10. SH	ARES AUTHOR	مريد مستد	<u> </u>	
	AUTHORIZED SHARES	ARES ROTHOR	,	ISSUED SHARES	
HAJMBER OF SHARES	CLASS / SERTES	PAR VALUE	NUMBER OF SHARES	CLASS / SERGES	PAR VALUE
8.000 SHS	S NO PAR VALUE		NONE .		•
					
			•		
				<u>.</u>	
			GNED IN INK by either the		
F	President, Vice Presider	nt, Secretary, Assis	stant Secretary, Treasurer, R	eceiver or Trust	ee
			Under penalty of pe	erjury, I declare and	affirm that I have examined th
			report, including an all statements contr		hedules and statements, and the and correct.
	1 / ,)	
File Date:	2/16/96		Signature of Officer		
_	1539		DAI	_	U=W
Check No:	1009		Print or Type Name		<u> </u>
Dec	11/- 00	ho	~ ``	のふして	12/18/95
By:			ا (سنده) (ひかひろ	16110145

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. 1995 Corporate ID: __ ___ Annual Report for the year: __ Drew Medical, Inc. 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) Brief statement of the character of business conducted in Rhode Island: - MEDICAL SALES / SERVE Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 2894 MENOUN RD - CLEMBERLAND, RE 02864 THE NAMES OF THE OFFICERS ARE: ZIP CODE SECRETARY STREET ADDRESS CITY/STATE ZIP CODE TREASURER STREET ADDRESS CITY/STATE ZIP CODE THE NAMES OF THE DIRECTORS ARE: CHY/STATE ZIP CODE Z'P CODE STREET ADDRESS CITY/STATE 7JP 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 0 NO PAR VALUE 8000

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

Form 31 1/95

FILED

FEB 2 2 1995

By 20042 1366