



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 112623		2. Name of Corporation Olympic Physical Therapy & Sports Medicine, Inc.			
3. Street Address Principal Business Office 1181 Aquidneck Avenue			City Hiddletown	State RI	Zip 02842
4. Business Phone No (401) 845-0840		5. State of Incorporation RHODE ISLAND		6. SIC Code 9431	
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL SERVICES BY PHYSICAL THERAPISTS LICENSED TO PRACTICE IN THE STATE OF RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donald H. Levine			Vice President Name Raymond B. Reid, Jr.		
Street Address 18 High Hawk Road			Street Address 211 S. Indian Trail		
City Portsmouth	State RI	Zip 02871	City So. Kingston	State RI	Zip 02879
Secretary Name Raymond B. Reid, Jr.			Treasurer Name Donald H. Levine		
Street Address 211 S. Indian Trail			Street Address 18 High Hawk Road		
City So. Kingston	State RI	Zip 02879	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond B. Reid, Jr.			Director Name Donald H. Levine		
Street Address 211 S. Indian Trail			Street Address 18 High Hawk Road		
City So. Kingston	State RI	Zip 02879	City Portsmouth	State RI	Zip 02871
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					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common		200	Common	No Par
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

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



File Date 1/4/05
Check No. 4055
By: vs.

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 Donald H. Levine Date 1/3/05
Print or Type Name of Officer
Donald H. Levine
Title of Officer
President

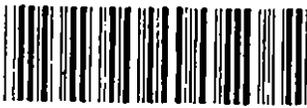
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FORM MUST BE FILLED OR PRINTED IN BLOCK

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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common		200	Common	No Par

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



* 1 1 2 6 2 3 *

File Date NOV 28 2004
 Check No. _____
 No. 1181
 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.

Donald H. Levine 8/23/04
 Signature of Officer Date

Donald H. Levine
 Print or Type Name of Officer

President
 Title of Officer



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. **112623** 2. Name of Corporation **Olympic Physical Therapy & Sports Medicine, Inc.**
3. Street Address Principal Business Office **1181 Aquidneck Ave.** City **Middletown** State **R.I.** Zip **02842**
4. Business Phone No. **(401) 845-0840** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9431**

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

Physical Therapy Services

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

President Name Donald H. Levine Street Address 18 High Hawk Road City Portsmouth State R.T. Zip 02871	Vice President Name Raymond B. Reid, Jr. Street Address 211 S. Indian Trail City So. Kingston State R.I. Zip 02879
Secretary Name Raymond B. Reid, Jr. Street Address 211 S. Indian Trail City So. Kingston State R.I. Zip 02879	Treasurer Name Donald H. Levine Street Address 18 High Hawk Road City Portsmouth State R.I. Zip 02871

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

Director Name Raymond B. Reid, Jr. Street Address 211 S. Indian Trail City So. Kingston State R.I. Zip 02879	Director Name Donald H. Levine Street Address 18 High Hawk Road City Portsmouth State R.I. Zip 02871
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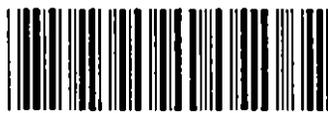
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE	Common	

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par

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



* 1 1 2 6 2 3 *

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 29 2003
BY BMM 2035

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.

Donald H. Levine 1/9/03
Signature of Officer Date

Donald H. Levine
Print or Type Name of Officer

President
Title of Officer



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. 112623
2. Name of Corporation OLYMPIC PHYSICAL THERAPY & SPORTS MEDICINE, INC.
3. Street Address Principal Business Office 1181 AQUIDNECK AVE. City MIDDLETOWN State RI Zip 02842
4. Business Phone No. (401) 845-0840 5. State of Incorporation RHODE ISLAND 6. SIC Code 9431
7. Brief Description of the Character of Business Conducted in Rhode Island PHYSICAL THERAPY SERVICES

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

President Name DONALD H. LEVINE Street Address 18 HIGH HAWK ROAD City PORTSMOUTH State RI Zip 02871	Vice President Name RAYMOND B. REID, JR. Street Address 211 S. INDIAN TRAIL City SOUTH KINGSTOWN State RI Zip 02879
Secretary Name RAYMOND B. REID, JR. Street Address 211 S. INDIAN TRAIL City SOUTH KINGSTOWN State RI Zip 02879	Treasurer Name DONALD H. LEVINE Street Address 18 HIGH HAWK ROAD City PORTSMOUTH State RI Zip 02871

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Director Name RAYMOND B. REID, JR. Street Address 211 S. INDIAN TRAIL City SOUTH KINGSTOWN State RI Zip 02879	Director Name DONALD H. LEVINE Street Address 18 HIGH HAWK ROAD City PORTSMOUTH State RI Zip 02871
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AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000	COMMON	NO PAR

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

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

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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.

File Date: FILED

Check No.: OCT 01 2002

By: BY G. A. S. [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature] Date: 9/30/02

Print or Type Name of Officer: DONALD H. LEVINE

Title of Officer: PRESIDENT

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 1 12 21 PM '02
02871

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 112623		2 Name of Corporation OLYMPIC PHYSICAL THERAPY & SPORTS MEDICINE, INC.			
3 Street Address Principal Business Office 1005 AQUIDNECK AVE.			City MIDDLETOWN	State RI	Zip 02842
4 Business Phone No. (401) 845-0840		5 State of Incorporation RHODE ISLAND			6 SIC Code 9431
Brief Description of the Character of Business Conducted in Rhode Island PHYSICAL THERAPY SERVICES					
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President Name DONALD H. LEVINE			Vice President Name RAYMOND B. REID, JR.		
Street Address 33 CORREIA DRIVE			Street Address 211 S. INDIAN TRAIL		
City PORTSMOUTH	State RI	Zip 02871	City SOUTH KINGSTOWN	State RI	Zip 02879
Secretary Name RAYMOND B. REID, JR.			Treasurer Name DONALD H. LEVINE		
Street Address 211 S. INDIAN TRAIL			Street Address 33 CORREIA DRIVE		
City SOUTH KINGSTOWN	State RI	Zip 02879	City PORTSMOUTH	State RI	Zip 02871
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Director Name RAYMOND B. REID, JR.			Director Name DONALD H. LEVINE		
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City SOUTH KINGSTOWN	State RI	Zip 02879	City PORTSMOUTH	State RI	Zip 02871
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class / Series	Par Value	Number of Shares	Class / Series	Par Value
1000	COMMON	NO PAR	200	COMMON	NO PAR

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File Date FILED
Check No OCT 01 2002
By By [Signature]
FOR SECRETARY OF STATE USE ONLY

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

[Signature] Date 11/20/01
Signature of Officer
DONALD H. LEVINE
Print or Type Name of Officer
PRESIDENT
Title of Officer