



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. 16828		2. Name of Corporation DRS. NISBET & SCOTT, INC.			
3. Street Address Principal Business Office 390 Toll Gate Road			City Warwick	State RI	Zip 02886
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 9456	
7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Douglas Nisbet, Jr., MD			Vice President Name Mark F. Scott, MD		
Street Address 5 Macera Circle			Street Address 140 Council Rock Road		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921
Secretary Name J. Douglas Nisbet, Jr., MD			Treasurer Name J. Douglas Nisbet, Jr., MD		
Street Address 5 Macera Circle			Street Address 5 Macera Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. Douglas Nisbet, Jr., MD			Director Name Mark F. Scott, MD		
Street Address 5 Macera Circle			Street Address 140 Council Rock Road		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			400 Shares	Common	No Par Value

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



File Date 1/28/05
Check No. 24136
By: DA
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.

J. Douglas Nisbet II MD 01-21-05
Signature of Officer Date
J. DOUGLAS NISBET II MD
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 16828		2. Name of Corporation DRS. NISBET & SCOTT, INC.			
3. Street Address Principal Business Office 390 Toll Gate Road			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 739-8800		5. State of Incorporation RHODE ISLAND		6. SIC Code 9456	
7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Douglas Nisbet, Jr., MD			Vice President Name Mark F. Scott, MD		
Street Address 5 Macera Circle			Street Address 140 Council Rock Road		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921
Secretary Name J. Douglas Nisbet, Jr., MD			Treasurer Name J. Douglas Nisbet, MD		
Street Address 5 Macera Circle			Street Address 5 Macera Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. Douglas Nisbet, Jr., MD			Director Name Mark F. Scott, MD		
Street Address 5 Macera Circle			Street Address 140 Council Rock Road		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			400 Shares	Common	No Par Value

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



* 1 6 8 2 8 *

File Date 2/12/04
 Check No. 23070
 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 of Officer _____ Date _____
 Print or Type Name of Officer _____
 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. **16828** 2. Name of Corporation **DRS. NISBET & SCOTT, INC.**
3. Street Address Principal Business Office **390 Toll Gate Road** City **Warwick** State **R.I.** Zip **02886**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9456**

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

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

President Name J. Douglas Nisbet, Jr., MD Street Address 5 Macera Circle City Warwick State R.I. Zip 02886	Vice President Name Mark F. Scott, M.D. Street Address 140 Council Rock Road City Cranston State R.I. Zip 02921
Secretary Name J. Douglas Nisbet, Jr., MD Street Address 5 Macera Circle City Warwick State R.I. Zip 02886	Treasurer Name J. Douglas Nisbet, Jr., MD Street Address 5 Macera Circle City Warwick State R.I. Zip 02886

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

Director Name J. Douglas Nisbet, Jr., MD Street Address 5 Macera Circle City Warwick State R.I. Zip 02886	Director Name Mark F. Scott, M.D. Street Address 140 Council Rock Road City Cranston State R.I. Zip 02921
Director Name None Street Address City _____ State _____ Zip _____	Director Name None Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600 COMM NO PAR VALUE		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	400 Shares	Common	No Par Value

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



* 1 6 8 2 8 *

File Date: 2/3/03
Check No.: 21984
By: slu

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] 01-30-2003
Signature of Officer Date
V. DOUGLAS NISBET II MD
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. **16828**
2. Name of Corporation **DRS. NISBET & SCOTT, INC.**
3. Street Address Principal Business Office
390 Toll Gate Road
4. Business Phone No. _____ 5. State of Incorporation
RHODE ISLAND

City **Warwick** State **RI** Zip **02886**
6. SIC Code **9456**

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

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

President Name
J. Douglas Nisbet, Jr., M.D.
Street Address
5 Macera Circle
City **Warwick** State **RI** Zip **02886**

Vice President Name
Mark F. Scott, M.D.
Street Address
140 Council Rock Road
City **Cranston** State **RI** Zip **02921**

Secretary Name
J. Douglas Nisbet, Jr., M.D.
Street Address
5 Macera Circle
City **Warwick,** State **RI** Zip **02886**

Treasurer Name
J. Douglas Nisbet, Jr., M.D.
Street Address
5 Macera Circle
City **Warwick** State **RI** Zip **02886**

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

Director Name
J. Douglas Nisbet, Jr., M.D.
Street Address
5 Macera Circle
City **Warwick** State **RI** Zip **02886**

Director Name
Mark F. Scott, M.D.
Street Address
140 Council Rock Road
City **Cranston** State **RI** Zip **02921**

Director Name
none
Street Address

City _____ State _____ Zip _____

Director Name
none
Street Address

City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 shares Com No Par Value

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



* 1 6 8 2 8 *

File Date: 1/30/02
Check No.: 20791
By: [Signature]

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: [Signature] Date: 1/26/02

Print or Type Name of Officer: J D NISBET JR

Title of Officer: Pres.

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. **16828** 2. Name of Corporation **DRS. NISBET & SCOTT, INC.**

3. Street Address Principal Business Office **390 Toll Gate Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. ~~9458~~

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

Medical Practice

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

President Name J. Douglas Nisbet, Jr., M.D. Street Address 5 Macera Circle City State Zip Warwick RI 02886	Vice President Name Mark F. Scott, M.D. Street Address 140 Council Road Road City State Zip Cranston RI 02921
Secretary Name J. Douglas Nisbet, Jr., M.D. Street Address 5 Macera Circle City State Zip Warwick RI 02886	Treasurer Name J. Douglas Nisbet, Jr., M.D. Street Address 5 Macera Circle City State Zip Warwick RI 02886

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

Director Name J. Douglas Nisbet, Jr., M.D. Street Address 5 Macera Circle City State Zip Warwick RI 02886	Director Name Mark F. Scott, M.D. Street Address 140 Council Road Road City State Zip Cranston, RI 02921
Director Name none Street Address City State Zip	Director Name none Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR COM

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 Shares COM No Par Value

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



* 1 6 8 2 8 *

File Date: 1/31
Check No.: 19608
By: [Signature]

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: [Signature] Date: 1/29/07
Print or Type Name of Officer: J. D. NISBET, Jr.
Title of Officer: _____



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. **16828** 2. Name of Corporation **DRS. NISBET & SCOTT, INC.**
3. Street Address Principal Business Office City State Zip
390 Toll Gate Road **Warwick,** **RI** **02886**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
RHODE ISLAND **9456**

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

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

President Name J. Douglas Nisbet, Jr., M.D.	Vice President Name Mark F. Scott, M.D.
Street Address 5 Macera Circle	Street Address 140 Council Rock Road
City State Zip Warwick RI 02886	City State Zip Cranston RI 02921
Secretary Name J. Douglas Nisbet, Jr., M.D.	Treasurer Name J. Douglas Nisbet, Jr., M.D.
Street Address 5 Macera Circle	Street Address 5 Macera Circle
City State Zip Warwick, RI 02886	City State Zip Warwick RI 02886

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

Director Name J. Douglas Nisbet, Jr., M.D.	Director Name Mark F. Scott, M.D.
Street Address 5 Macera Circle	Street Address 140 Council Rock Road
City State Zip Warwick RI 02886	City State Zip Cranston RI 02920
Director Name None	Director Name None
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	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
600 SHS NO PAR COM	400 Shares COM No Par Value

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



* 1 6 8 2 8 *

File Date: 1/31/00
Check No.: 18441
By: [Signature]

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] 01-27-00
Signature of Officer Date
J. DOUGLAS NISBET MD
Print or Type Name of Officer

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. 16828		2. Name of Corporation DRS. NISBET & SCOTT, INC. <i>OK</i>	
3. Street Address Principal Business Office 390 Toll Gate Road		City Warwick	State RI
		Zip 02886	
4. Business Phone No. 738-8800		5. State of Incorporation RHODE ISLAND	
6. SIC Code 9458			
7. Brief Description of the Character of Business Conducted in Rhode Island Medical Practice			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name J. Douglas Nisbet, Jr., M.D.		Vice President Name Mark F. Scott, M.D.	
Street Address 5 Macera Circle		Street Address 140 Council Rock Road	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02921	
Secretary Name J. Douglas Nisbet, Jr., M.D.		Treasurer Name J. Douglas Nisbet, Jr., M.D.	
Street Address 5 Macera Circle		Street Address 5 Macera Circle	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name J. Douglas Nisbet, Jr., M.D.		Director Name Mark F. Scott, M.D.	
Street Address 5 Macera Circle		Street Address 140 Council Rock Road	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02921	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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
600 SHS NO PAR COM			400 Shares
			COM
			No Par Value

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



File Date: Feb 9, 99
Check No.: 17310
By: J.D. Nisbet

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: [Signature] Date: 1/28/99
Print or Type Name of Officer: J D NISBET JR PRESIDENT
Title of Officer: X PRESIDENT

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. **16828** 2. Name of Corporation **J. DOUGLAS NISBET, M.D., INC.**
3. Street Address Principal Business Office **390 Toll Gate Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9458**

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

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

President Name J. Douglas Nisbet, JR M.D.	Vice President Name Mark F. Scott M.D.
Street Address 5 Macera Circle	Street Address 140 Council Rock Road
City Warwick State RI Zip 02886	City Cranston State RI Zip 02920
Secretary Name J. Douglas Nisbet, JR M.D.	Treasurer Name J. Douglas Nisbet JR M.D.
Street Address 5 Macera Circle	Street Address 5 Macrea Circle
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

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

Director Name J. Douglas Nisbet JR MD	Director Name Mark F. Scott MD
Street Address 5 Macera Circle	Street Address 140 Council Rock Road
City Warwick State RI Zip 02886	City Cranston State RI Zip 02920
Director Name none	Director Name none
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
600 SHS NO PAR COM

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 SHS NO PAR COM

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



File Date: 4-8-98
Check No.: 116316
By: AME
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: [Signature] Date: 3-16-98
Print or Type Name of Officer: J. DOUGLAS NISBET MD
Title of Officer: PRESIDENT



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. **16828** 2. Name of Corporation **J. DOUGLAS NISBET, M.D., INC.**
3. Street Address Principal Business Office **390 Tollgate Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 738-8800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9456**

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

Medical Services

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

President Name J. Douglas Nisbet, Jr. Street Address 5 Macera Circle City Warwick, State RI Zip 02886	Vice President Name J. Douglas Nisbet, Jr. Street Address 5 Macera Circle City Warwick, State RI Zip 02886
Secretary Name J. Douglas Nisbet, Jr. Street Address 5 Macera Circle City Warwick, State RI Zip 02886	Treasurer Name J. Douglas Nisbet, Jr. Street Address 5 Macera Circle City Warwick, State RI Zip 02886

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

Director Name J. Douglas Nisbet, Jr. Street Address 5 Macera Circle City Warwick, State RI Zip 02886	Director Name none Street Address City State Zip
Director Name none Street Address City State Zip	Director Name none Street Address 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
600 SHS NO PAR COM			200 shares	no par	com

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



File Date: 7/17/97
Check No.: 15493
By: [Signature]

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: [Signature] Date: _____
Print or Type Name of Officer: J. Douglas Nisbet, Jr.
Title of Officer: President

**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. 05-0355714		2. NAME OF CORPORATION J. DOUGLAS NISBET MD INC			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 390 TULLGATE ROAD			CITY WARWICK	STATE RI	ZIP CODE 02886
4. BUSINESS PHONE NO. 401-738-8800		5. STATE OF INCORPORATION RI			6. SIC CODE 9456

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
MEDICAL SERVICES

B. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME J. DOUGLAS NISBET JR			VICE PRESIDENT NAME SAME		
STREET ADDRESS 5 MACERA CIRCLE			STREET ADDRESS		
CITY WARWICK	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
SECRETARY NAME SAME			TREASURER NAME SAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME J. DOUGLAS NISBET JR			DIRECTOR NAME		
STREET ADDRESS 5 MACERA CIRCLE			STREET ADDRESS		
CITY WARWICK	STATE RI	ZIP CODE 02886	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
600	NO PAR VALUE		200	NO PAR VALUE	

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:

8/1/96

Check No:

164843

By:

JDN

For Secretary of State Use Only

Signature of Officer

J. DOUGLAS NISBET JR
Print or Type Name of Officer

PRESIDENT
Title of Officer

Date



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Please Type or Print
File Annually - Jan. 1 - March
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 05-035577-16828 Annual Report for the year: 1995

Name of Corporation: J. DOUGLAS NISBET MD INC

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

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:
MDICAL SERVICES

Phone: (~~401~~) ~~738-8806~~

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

390 TOLLGATE ROAD
WARWICK RI 02886

Phone: (401) 738-8806

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	J. DOUGLAS NISBET JR	WARWICK RI	02886
VICE PRESIDENT	SAME		
SECRETARY	SAME		
TREASURER	SAME		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
J. DOUGLAS NISBET JR	S MACORA CIRCLE	WARWICK RI	02886
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

Date JAN 29, 1996

By: [Signature]
J. DOUGLAS NISBET JR
PRINT OR TYPE NAME OF OFFICER SIGNING
SECRETARY
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.

AUG 01 1996
KID 164843
SECY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
L.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0016828 Annual Report for the year: 1994

Name of Business Entity: J DOUGLAS NISBET MO INC.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

390 TOLLGATE ROAD
WARWICK, RI 02886

Phone: (401) 738-8800

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

J DOUGLAS NISBET, PRESIDENT
390 TOLLGATE ROAD
WARWICK RI 02886

Brief statement of the character of business conducted in Rhode Island:

MEDICAL SERVICES

Date of Organization: 07-01-74

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
J. DOUGLAS NISBET	90 ORCHARD AVENUE	WARWICK RI	02886
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
J. DOUGLAS NISBET JR.	5 MACERA CIRCLE	WARWICK RI	02886
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
J DOUGLAS NISBET	90 ORCHARD AVENUE	WARWICK RI	02886
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
J. DOUGLAS NISBET	90 ORCHARD AVENUE	WARWICK RI	02886

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
A			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,600

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date 1/23 1995

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

By J Douglas Nisbet

J. DOUGLAS NISBET
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 154

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed.

CR-13121
(100)

Filing Fee \$50.00

10747 JB

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0016828 Annual Report for the year 1993

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional service corporation

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Road Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
J. Douglas Nisbet	Director	390 Tollgate Rd., Warwick, RI 02886
	Director	
	Director	
J. Douglas Nisbet	President	same as above
	Vice President	
J. Douglas Nisbet	Secretary	same as above
J. Douglas Nisbet	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
600	Common	PAID	\$1.00

EIGHTH: Number of Shares issued: FEB 17 1993

No. of Shares	Class	Series	Par Value (if any)
200	Common	SECRET OF STATE	\$1.00

Dated February 17, 1993

J. DOUGLAS NISBET, M.D., INC. (Name of Corporation)

By [Signature] Title President

Filing Fee \$50.00

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

CA
CR 9616

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0016828 Annual Report for the year 1992

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PHYSICIANS - MEDICAL SERVICES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 TOLLGATE ROAD WARWICK RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. DOUGLAS NISBET</u>	<u>Director</u>	<u>90 ORCHARD AVE WARWICK RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>J. DOUGLAS NISBET</u>	<u>President</u>	<u>90 ORCHARD AVE WARWICK RI</u>
	<u>Vice President</u>	
<u>J. DOUGLAS NISBET</u>	<u>Secretary</u>	<u>90 ORCHARD AVE WARWICK RI</u>
<u>J. DOUGLAS NISBET</u>	<u>Treasurer</u>	<u>90 ORCHARD AVE WARWICK RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>A</u>	<u>PAID</u>	<u>NO PAR</u>

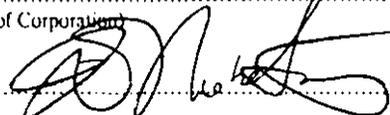
EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>A</u>		<u>NO PAR</u>

MAR 09 1992
SECY OF STATE

Dated FEBRUARY 28 1992

J. DOUGLAS NISBET MD INC.
(Name of Corporation)

By 

(Report must be signed by an officer)

Title

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

55

Corporate ID 0016828 Annual Report for the year 1991

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D.,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional
service corporation

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 390 Tollgate Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u>390 Tollgate Rd., Warwick, RI 02886</u>
_____	<u>Director</u>	_____
_____	<u>Director</u>	_____
<u>J. Douglas Nisbet</u>	<u>President</u>	<u>same as above</u>
_____	<u>Vice President</u>	_____
<u>J. Douglas Nisbet</u>	<u>Secretary</u>	<u>same as above</u>
<u>J. Douglas Nisbet</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	PAID	Par Value (if any)
<u>600</u>	<u>Common</u>	<u>FD 7 1991</u>		<u>\$1.00</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
<u>200</u>	<u>Common</u>		<u>\$1.00</u>

Dated January 31, 1991

J. DOUGLAS NISBET, M.D., INC.
(Name of Corporation)

By J. Douglas Nisbet

Title President

Filing Fee \$15.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0016828 Annual Report for the year 1990

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D.,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional
service corporation

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 390 Tollgate Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u>390 Tollgate Rd., Warwick, RI 02886</u>
_____	<u>Director</u>	_____
_____	<u>Director</u>	_____
<u>J. Douglas Nisbet</u>	<u>President</u>	<u>same as above</u>
_____	<u>Vice President</u>	_____
<u>J. Douglas Nisbet</u>	<u>Secretary</u>	<u>same as above</u>
<u>J. Douglas Nisbet</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
600	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
200	Common		\$1.00

PAID
\$1.00
JAN 17 1990
SECY OF STATE

Dated January, 1990 J. DOUGLAS NISBET, M.D., INC.
(Name of Corporation)

By J. Douglas Nisbet, M.D.
Title President

Filing Fee \$15.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0016828 Annual Report for the year 1989 *PMD*

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D.,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional
service corporation

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 390 Tollgate Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u>390 Tollgate Rd., Warwick, RI 02886</u>
_____	<u>Director</u>	_____
_____	<u>Director</u>	_____
<u>J. Douglas Nisbet</u>	<u>President</u>	<u>same as above</u>
_____	<u>Vice President</u>	_____
<u>J. Douglas Nisbet</u>	<u>Secretary</u>	<u>same as above</u>
<u>J. Douglas Nisbet</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
600	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
200	Common		\$1.00

Dated May 31, 1989

J. DOUGLAS NISBET, M.D., INC.

(Name of Corporation)

By J. Douglas Nisbet
Title President

Filing Fee \$15.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0016828 Annual Report for the year 1988 *emp*

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D.,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional
service corporation

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u>390 Tollgate Rd., Warwick, RI 02886</u>
<u></u>	<u>Director</u>	<u></u>
<u></u>	<u>Director</u>	<u></u>
<u>J. Douglas Nisbet</u>	<u>President</u>	<u>same as above</u>
<u></u>	<u>Vice President</u>	<u></u>
<u>J. Douglas Nisbet</u>	<u>Secretary</u>	<u>same as above</u>
<u>J. Douglas Nisbet</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
600	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
200	Common		\$1.00

Dated May 31, 1989

J. DOUGLAS NISBET, M.D., INC.
(Name of Corporation)

By J Douglas Nisbet
Title President

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 16828 Annual Report for the year 1987

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Physician

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 390 Toll Gate Road, Warwick, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
J. Douglas Nisbet	Director	90 Orchard Ave., Warwick, RI 02886
	Director	
	Director	
J. Douglas Nisbet	President	As above
J. Douglas Nisbet	Vice President	As above
J. Douglas Nisbet	Secretary	As above
J. Douglas Nisbet	Treasurer	As above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

PAID

MAY 03 1987

MAY 04 1987
Par Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	Common

SEC'Y. OF STATE

Par Value
or statement that
shares are without
par value
No Par Value

Dated January 20 19 87

J. Douglas Nisbet, M.D., Inc.
(Name of Corporation)

By J. Douglas Nisbet M.D.
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 16828 Annual Report for the year 1986

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a Physician

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 390 Tollgate Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u>90 Orchard Avenue, Warwick, RI 02886</u>
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u></u>
<u>J. Douglas Nisbet</u>	<u>Director</u>	<u></u>
<u>J. Douglas Nisbet</u>	<u>President</u>	<u>Same as above</u>
<u>J. Douglas Nisbet</u>	<u>Vice President</u>	<u>Same as above</u>
<u>J. Douglas Nisbet</u>	<u>Secretary</u>	<u>Same as above</u>
<u>J. Douglas Nisbet</u>	<u>Treasurer</u>	<u>Same as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>	<u></u>	<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>	<u></u>	<u>No Par Value</u>

02/19/86 PAID

MAR 15 1986

Dated 2-10-1986 J. Douglas Nisbet, M.D., Inc.
(Name of Corporation)

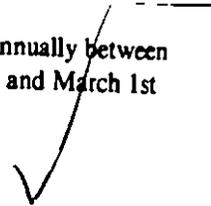
By J. Douglas Nisbet, M.D.
Title President

(Report must be signed by an officer)

ANRE 15.00
CHEK 15.00
0374A001

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 16828

Annual Report for the year 1985

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering of medical services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
J. Douglas Nisbet, M.D.	Director	390 Tollgate Rd., Warwick, RI 02886
	Director	
	Director	
J. Douglas Nisbet, M.D.	President	same as above
	Vice President	
J. Douglas Nisbet, M.D.	Secretary	same as above
J. Douglas Nisbet, M.D.	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

Dated 4/8/85 19 85

J. DOUGLAS NISBET, M.D., INC.
(Name of Corporation)

By: *J. Douglas Nisbet*

Title: *President*

(Report must be signed by an officer)

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical services.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
J. Douglas Nisbet, M.D.	Director	390 Tollgate Road, Warwick, RI 02886
	Director	
	Director	
J. Douglas Nisbet, M.D.	President	same as above
	Vice President	
J. Douglas Nisbet, M.D.	Secretary	same as above
J. Douglas Nisbet, M.D.	Treasurer	same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Dated: 2-9 19 84

J. DOUGLAS NISBET, M.D., INC.

(Name of Corporation)

By: [Signature]

Title: President

(Report must be signed by an officer)

FEB 28 1984

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical services.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
J. Douglas Nisbet, M.D.	Director	390 Tollgate Rd., Warwick, RI 02886
	Director	
	Director	
J. Douglas Nisbet, M.D.	President	same as above
	Vice President	
J. Douglas Nisbet, M.D.	Secretary	same as above
J. Douglas Nisbet, M.D.	Treasurer	same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Dated: February 24, 1983 J. DOUGLAS NISBET, M.D., INC.

(Name of Corporation)

By: [Signature] Title: President

(Report must be signed by an officer)

MAR 11 1983 BB

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is

J. DOUGLAS NISBET, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Professional Medical Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Table with 3 columns: Name, Office, Address. Lists J. Douglas Nisbet in various roles (Director, President, Secretary, Treasurer) with addresses.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Shows -600- Common, No par.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Shows -100- Common, 11, no par.

Dated: October 30, 19 82.

J. DOUGLAS NISBET, M.D., INC.

(Name of Corporation)

By [Signature] Douglas Nisbet
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Stanley D. Davies, M.D.
And J. Douglas Nisbet, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
8 St. John Street, West Warwick

and the name of its registered agent in Rhode Island at such address is
Stanley D. Davies, M.D., 8 St. John Street, West Warwick

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Practice of Gynecology and Obstetrics

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Stanley D. Davies, M.D.	Director	8 St. John Street, West Warwick
J. Douglas Nisbet, M.D.	Director	90 Orchard Avenue, Warwick
	Director	
	Director	
	Director	
Stanley D. Davies, M.D.	President	8 St. John Street, West Warwick
J. Douglas Nisbet, M.D.	Vice President	90 Orchard Avenue, Warwick
J. Douglas Nisbet, M.D.	Secretary	90 Orchard Avenue, Warwick
Stanley D. Davies, M.D.	Treasurer	8 St. John Street, West Warwick

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common	3-581	No Par Value

9026A14...150081

MAR 3 1981
RIS

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common		No Par Value

Dated Feb 10, 1981

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.
(NAME OF CORPORATION)

By Stanley D. Davies, M.D.
Its President and Treasurer

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
8 St. John Street, West Warwick

and the name of its registered agent in Rhode Island at such address is
Stanley D. Davies, M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Practice of Gynecology and Obstetrics

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Stanley D. Davies, M.D.	Director	8 St. John Street, West Warwick
J. Douglas Nisbet, M.D.	Director	90 Orchard Avenue, Warwick
	Director	
Stanley D. Davies, M.D.	President	8 St. John Street, West Warwick
J. Douglas Nisbet, M.D.	Vice President	90 Orchard Avenue, Warwick
J. Douglas Nisbet, M.D.	Secretary	90 Orchard Avenue, Warwick
Stanley D. Davies, M.D.	Treasurer	8 St. John Street, West Warwick

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common	80	No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common		No Par Value

Dated Jan. 23, 1980

Stanley D. Davies, M. D. And
J. Douglas Nisbet, M. D., Inc.
(NAME OF CORPORATION)

By Stanley D. Davies M.D.
Its President and Treasurer

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
8 St. John Street, West Warwick

and the name of its registered agent in Rhode Island at such address is
Stanley D. Davies, M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Practice of Gynecology and Obstetrics

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JAN 25 1979

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Dated 1/22, 19 78

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.
(NAME OF CORPORATION)

By Stanley D. Davies M.D.
Its President and Treasurer

Filing fee: \$15.00

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Dated Jan 30, 1978

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.
(NAME OF CORPORATION)

By Stanley D. Davies M.D.
Its President and Treasurer

State of Rhode Island and Providence Plantations
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Dated _____, 19_____

Stanley D. Davies, M.D. And
J. Douglas Nisbet, M.D., Inc.

(NAME OF CORPORATION)

By Stanley D. Davies M.D.

Its President and Treasurer

Filing fee: \$15.00

To be filed annually
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State of Rhode Island and Providence Plantations
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200	Common		No Par Value

Dated *Jun 27*, 1934

Stanley D. Davies, M. D. And
J. Douglas Nisbet, M. D., Inc.
(NAME OF CORPORATION)

By *Stanley D. Davies M.D.*
Its President and Treasurer

JUN 26-76 550-11 639 1000 * 15.00

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

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FEB 8 1975

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200	Common		No Par Value

Dated *Jan 25*, 1975

Stanley D. Davies, M. D. And
J. Douglas Nisbet, M. D., Inc.
(NAME OF CORPORATION)

By *Stanley D. Davies M.D.*
Its President and Treasurer

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