



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 121932		2. Name of Corporation CHAMPION UROLOGY, LTD			
3. Street Address Principal Business Office 35 Wells Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-0964		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN RENDERING PROFESSIONAL MEDICAL AND SURGICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Franklin F. Leddy, MD			Vice President Name Erik G. Enquist, MD		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name Mary Sposato			Treasurer Name Mary Sposato		
Street Address same as above			Street Address same as above		
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 Franklin F. Leddy, MD			Director Name Erik G. Enquist		
Street Address same as above			Street Address same as above		
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"/>			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
2,000 NO PAR VALUE			100	common	no par val

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



File Date	1/27/05
Check No.	1479
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.

Franklin F. Leddy, MD 1/27/05  
Signature of Officer Date  
Franklin F. Leddy, MD  
Print or Type Name of Officer  
President  
Title of Officer



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**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. <b>121932</b>		2. Name of Corporation <b>CHAMPION UROLOGY, LTD</b>			
3. Street Address Principal Business Office <b>35 WELLS STREET</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>401-596-0964</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN RENDERING PROFESSIONAL MEDICAL AND SURGICAL SERVICES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Franklin F. Leddy, MD</b>			Vice President Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>Mary Sposato</b>			Treasurer Name <b>Mary Sposato</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
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 <b>None</b>			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
<b>2,000 NO PAR VALUE</b>			<b>NONE</b>		

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



\* 1 2 1 9 3 2 \*

File Date 5/17/04  
Check No. 5119  
By: U

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.

Franklin F. Leddy, MD 3/17/04  
Signature of Officer Date  
Franklin F. Leddy, MD  
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **121932** 2. Name of Corporation **CHAMPION UROLOGY, LTD**  
3. Street Address Principal Business Office **35 Wells Street** City **Westerly** State **RI** Zip **02891**  
4. Business Phone No. **401-596-0964** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**  
7. Brief Description of the Character of Business Conducted in Rhode Island **medical/urology practice**

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

President Name <b>Franklin F. Leddy, M.D.</b>	Vice President Name
Street Address <b>same as above</b>	Street Address
City <b>State Zip</b>	City <b>State Zip</b>
Secretary Name <b>Kathleen Hanrahan</b>	Treasurer Name <b>Kathleen Hanrahan</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
City <b>State Zip</b>	City <b>State Zip</b>

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 <b>State Zip</b>	City <b>State Zip</b>
Director Name	Director Name
Street Address	Street Address
City <b>State Zip</b>	City <b>State Zip</b>

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>2,000 NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>no Par Val</b>

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



\* 1 2 1 9 3 2 \*

File Date: 5-15-03  
Check No.: 1374  
By: 2

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 Franklin F. Leddy Date 1/13/03  
Print or Type Name of Officer FRANKLIN F. LEDDY, M.D.  
Title of Officer PRESIDENT