



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 IN BLACK)

1. Corporate ID No. 129733		2. Name of Corporation Lucille C. Vega, M.D., Inc.			
3. Street Address Principal Business Office 962 WARWICK AVENUE			City WARWICK	State RI	Zip 02889-
4. Business Phone No. 4013837830		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lucille C. Vega, M.D.			Vice President Name		
Street Address 962 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Lucille C. Vega, M.D.			Treasurer Name Lucille C. Vega, M.D.		
Street Address 962 Warwick Avenue			Street Address 962 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lucille C. Vega, M.D.			Director Name		
Street Address 962 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	None

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



1 2 9 7 3 3

129733 DBC 01/28/05 11:50:40 AM
File Date 2-10-05
Check No. 2592
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 [Signature] Date 1/29/05
Lucille C. Vega, M.D.
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 02903-1333
401.222.304

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. 129733		2. Name of Corporation Lucille C. Vega, M.D., Inc.			
3. Street Address Principal Business Office 962 Warwick Avenue			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-383-7830		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 COMM NO PAR VALUE					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100		Common	No Par Value		

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



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File Date 6/14/04
Check No. 765003611
By: W
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.

Lucille C. Vega
Signature of Officer Date 2/2/04

Lucille C. Vega, M.D.
Print/Or Type Name of Officer

President
Title of Officer