



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 02903-1301
401.222.3000

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. 110437		2. Name of Corporation PMG Consulting, Inc.			
3. Street Address Principal Business Office 700 School St.			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-616-2000		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSULTING AND MANAGEMENT SERVICES TO HEALTH CARE PROVIDERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond T. Jorgensen			Vice President Name Robert B Skeffington		
Street Address 700 School St			Street Address 700 School St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Raymond T. Jorgensen			Treasurer Name Richard A. Santilli		
Street Address 700 School St			Street Address 700 School St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond T. Jorgensen			Director Name Richard A. Santilli		
Street Address 700 School St			Street Address 700 School St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Robert B. Skeffington			Director Name		
Street Address 700 School St			Street Address		
City Pawtucket	State RI	Zip 02860	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
8,000	\$1.00 PAR VALUE		300	Common	1.00

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



FILED

File Date MAR 08 2005

Check No. _____
By [Signature]

By: _____

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] 3/7/05
Signature of Officer Date

Richard A. Santilli
Print or Type Name of Officer

Treasurer
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divisi
100 North Main Str.
Providence, RI 02903-13
401.222.30

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 110437		2. Name of Corporation PMG Consulting, Inc.			
3. Street Address Principal Business Office One Commerce Way			City Johnston	State RI	Zip 02919
4. Business Phone No 401-453-1322		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSULTING AND MANAGEMENT SERVICES TO HEALTH CARE PROVIDERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
President Name Raymond T. Jorgensen			Vice President Name Robert B. Skeffington		
Street Address One Commerce Way			Street Address One Commerce Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Raymond T. Jorgensen			Treasurer Name Richard A. Santilli		
Street Address One Commerce Way			Street Address One Commerce Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
Director Name Raymond T. Jorgensen			Director Name Richard A. Santilli		
Street Address One Commerce Way			Street Address One Commerce Way		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Robert B. Skeffington			Director Name		
Street Address One Commerce Way			Street Address		
City Johnston	State RI	Zip 02919	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
8,000	\$1.00 PAR VALUE		300	Common	1.00

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



* 1 1 0 4 3 7 *

File Date 3-1-04
Check No. 657
By: ICP
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 2/26/04
Print or Type Name of Officer Richard A. Santilli
Title of Officer Treasurer



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 02903-1333
401-222-3046



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. 110437 2. Name of Corporation PMG Consulting, Inc.
3. Street Address Principal Business Office One Commerce Way City Johnston State RI Zip 02919
4. Business Phone No. (401) 453-1322 5. State of Incorporation RHODE ISLAND 6. SIC Code 7286

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

Medical Coding Consulting

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

<p>President Name <u>Raymond T. Jorgensen</u> Street Address <u>24 Fordson Ave.</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u></p> <p>Secretary Name <u>Raymond T. Jorgensen</u> Street Address <u>24 Fordson Ave.</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u></p>	<p>Vice President Name <u>Robert B. Skeffington</u> Street Address <u>64 High Service Ave.</u> City <u>N. Providence</u> State <u>RI</u> Zip <u>02911</u></p> <p>Treasurer Name <u>Richard A. Santilli</u> Street Address <u>53 Rockridge Rd.</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u></p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name <u>None</u> Street Address <u>None</u> City _____ State _____ Zip _____</p> <p>Director Name <u>None</u> Street Address <u>None</u> City _____ State _____ Zip _____</p>	<p>Director Name <u>None</u> Street Address <u>None</u> City _____ State _____ Zip _____</p> <p>Director Name <u>None</u> Street Address <u>None</u> City _____ State _____ Zip _____</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>8,000</u>	<u>\$1.00 PAR VALUE</u>	

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

ISSUED SHARES	Class/Series	Par Value
<u>300</u>	<u>Common</u>	<u>1.00</u>

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



* 1 1 0 4 3 7 *

File Date: 1-17-03

Check No.: 3203

By: UP

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.

Richard Santilli 1/15/03
Signature of Officer Date

Richard Santilli
Print or Type Name of Officer

V. P. 4



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. **110437** 2. Name of Corporation **PMG Consulting, Inc.**
3. Street Address Principal Business Office **One Commerce Way, P.O. Box 19449** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 453-1322** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical Billing & Coding Consultants

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

President Name Raymond T. Jorgensen Street Address 24 Fordson Avenue City Cranston State RI Zip 02910	Vice President Name Robert Skeffington Street Address 64 High Service Avenue City N. Providence State RI Zip 02911
Secretary Name Raymond T. Jorgensen Street Address 24 Fordson Avenue City Cranston State RI Zip 02910	Treasurer Name Richard A. Santilli Street Address 53 Rockridge Rd. City Lincoln State RI Zip 02865

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 Common 1.00

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



File Date: **FILED-**
Check No.: **FEB 07 2002**
By: **BYSMA 280347**
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.
20. MAR 06 01 1 03 PM '02
Signature of Officer: **[Signature]** Date: **2/4/02**
Print or Type Name of Officer: **Richard Santilli**
V. 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. 110437 2. Name of Corporation PMG Consulting, Inc.

3. Street Address Principal Business Office One Thurber Blvd. City Smithfield State RI Zip 02917
4. Business Phone No. (401) 233-4883 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical Billing/Coding Consulting Company

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name Raymond Jorgensen Vice President Name Robert Skeffington
Street Address 24 Fordson Avenue Street Address 64 High Service Avenue
City Cranston State RI Zip 02910 City North Providence State RI Zip 02911

Secretary Name Raymond Jorgensen Treasurer Name Richard Santilli
Street Address 24 Fordson Avenue Street Address 53 Rockridge Road
City Cranston State RI Zip 02910 City Lincoln State RI Zip 02865

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>8,000</u>	<u>\$1.00 PAR VALUE Common Stock</u>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>300</u>	<u>Common Stock</u>	<u>1.00 PAR VALUE</u>

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



* 1 1 0 4 3 7 *

File Date: 2/27
Check No.: 1454
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: 2/27/01
Print or Type Name of Officer: Richard Santilli
V. Pres