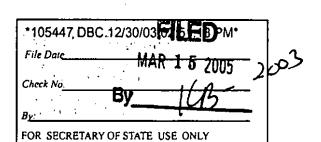


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BL						
Corporate ID No. 2. Name of Corporation						
105447	Ezra L. Galler, N	1.D., Ltd.			j	
3. Street Address Principal Busines	ss Office		City	State	Zip	
333 SCHOOL STREET			PAWTUCKET	RI	02860-	
4. Business Phone No.		5. State of Incorporation		<del></del>	6. SIC Code	
4017281400		RHODE ISLAND			9217	
7. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island		<del> </del>	<u> </u>	
TO CONDUCT AN OPETEAL	LMIC MEDICINE P	RACTICE WHICH INC	LUDES WITHOUT LIMI	TATION, REFRACTIV	E SURGERY, LASER	
VISION_CORRECTION_ES	YE_EXAMINATIONS	AND OTHER OTHER	INCIDENTS_OR_AN_OP	HTRAMOLOGY_PRACTI	CE.	
President Name	SOM THE OFFICE	RSV(:X=BOX;FORNTTA		CES BEFORE USING AL	TACHMENTS	
Ezra L. Galler, M.I	า		, Vice President Name - Ezra L. Galler,	M D		
Street Address	-		Street Address		<del></del>	
29 Dunbar Street			. 29 Dunbar Stree	<b>+</b>		
City	State	17in			I 7:n	
Sharon	MA	Zip 02067	City Sharon	State MA	<i>Zip</i> 02067	
Secretary Name	· · · · · · · · · · · · · · · · · · ·	122007	Treasurer Name			
Ezra L. Galler, M.I	)		Ezra L. Galler,	м. п.		
·	··	•	* Street Address			
Street Address 29 Dunbar Street			•			
	le	13::	.29 Dunbar Street		I m	
City Sharon	State	Zip   02067	City	State	Zip	
	MA	<u> </u>	. Sharon	MA	02067	
Q NAMES AND ADDRESS	SOFTHE DIRECT	ORS (*XF BOXIDORAL		PACES BEFORE USING	ATTACHMENTS	
Director Name	_		Director Name			
Ezra L. Galler, M.I	J		•			
Street Address			Street Address			
29 Dunbar Street			•			
City	State	Zip	•City	State	Zip	
Sharon	MA	02067	•			
Director Name	• • • • • • • • • •		Director Name			
			•			
Street Address	· · · · · · · · · · · · · · · · · · ·		*Street Address			
			•			
City	10	Zip	.City	State	Zip	
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City	State	244	•		ŀ	
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IQSHARESAUTHORIZED AUTHORIZED SHARES Number of Shares	) (#X#-130X450RX) j 77. Class/Series	Par Value	ISSUED SHARES Number of Shares  100	Class/Series Common	Par Value no par value	
IQSHARESAUTIORIZED AUTHORIZED SHARES Number of Shares 10,000 NO PAR VALUE	) (#X#-130X450RX) j 77. Class/Series	Par Value	ISSUED SHARES Number of Shares  100	Class/Series Common	Par Value no par value	



Under penalty of perjury, I declare and affirm that I have ex			
this report, including any accompanying schedules and state		i,	
and that all statements contained herein are true and correct			
SM. VIV 1/0/05			
Signature of Office Date			
Ezra L. Galler, M.D.			
Print or Type Name of Officer		•	
President			
Title of Officer	Form	630	2/01



\*105447 DBC 12/30/03 02:51:18 PM\*

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 IN E		mng 1 cc. 950.00				
1. Corporate ID No.	2. Name of Corpor		· · · · · · · · · · · · · · · · · · ·	<del></del>		
105447	Ezra L. Galle	er, M.D., Ltd.				
3. Street Address Principal Busin	~		City	State	Zip	
333 SCHOOL STREET	ı		PAWTUCKET	RI	02860-	
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code	
4017281400		RHODE ISLA	AND	D		
7. Brief Description of the Chara	acter of Business Con	ducted in Rhode Island				
TO CONDUCT AN OPETH	ALMIC MEDICIN	PRACTICE WHICH	I INCLUDES WITHOUT LIM	ITATION, REFRACTIV	E SURGERY, LASER	
LVISION-CORRECTION:	RYB.EXAMINATI	ONS_AND_OTHER_OT	THER TINCT DENTIS OF AN O	PHTHAMOLOGY DDACT	T C P	
President Name	ocs or the orr	ICERS (N BOX FOR	(ATTACHMENT)   FILL IN SI	NACES REFORE DRING V	I TACHMENTS	
Ezra L. Galler, M.	. D.		· Ezra L. Galler	. м р		
Street Address	<del></del>	<del> </del>	Street Address	,	<u> </u>	
29 Dunbar Street			. 29 Dunbar Stre	ot		
City	State	17in		<del></del>	12:	
Sharon	MA	<i>Zip</i> 02067	City	State	Zip	
Secretary Name	1 222	102087	Sharon Treasurer Name	MA.	02067	
Ezra L. Galler, M.	ח		Ezra L. Galler	, ,		
<u> </u>	· · · · · · · · · · · · · · · · · · ·			, M.D.		
Street Address 29 Dunbar Street			Street Address			
	<del></del>		.29 Dunbar Stre	et		
City	State	Zip	City	State	Zip	
Sharon	MA	02067	. Sharon	MA	02067	
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
Ezra L. Galler, M.	. D.		•			
Street Address		<del></del>	· Street Address			
29 Dunbar Street			4			
City	State	Zip	•City	State	Zip	
Sharon	MA	02067	•			
Director Name	1		Director Name		. <b></b>	
			· · · · · · · · · · · · · · · · · · ·			
Street Address		<del></del>	• Street Address			
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City	State	Zip	·City	State	Zip	
-			•	Journ.	J-2	
10. SHARES AUTHORIZE	ED MY" BAY FOR	ATTACAMENT D		\$ 100 000 (100 (100 (100 (100 (100 (100 (	<u></u>	
AUTHORIZED SHARES	A BOX FOR	II IACRMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	ISSUED SHARES   Number of Shares	Class/Series	Par Value	
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10,000 NO PAR VALUE			100	common	no par value	
This report must be signe	d in ink by eithe	r the President, Vice	e President, Secretary, Assi	stant Secretary, Treasi	urer, Receiver or Trustee	
				-		
Al IIAN ANIA ANIA	Bian Bith IPA					
ET	inall ikhli kiil					
1 0 5	4 4 7		Under penalty of pe	rjury, 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. Ezfa L. Galler, M.D. Print or Type Name of Officer President Title of Officer Form 630 12/01

Form 630 12/2



FOR SECRETARY OF STATE USE ONLY

# 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 401-222-3640

ORM MUST BE TYPE  Corporate ID No.	D IN BLACK)  2. Name of Corpo	pration			:
*105447*	1	er, M.D., Ltd.			i
Sirect Address Principa	al Business Office		Cin.	State	Zip
333 SCHOOL ST			PAWTUCKET	RI	02860-
Business Phone No		5 State of Incorpora			6. SIC Code 9217
4017281400	4017281400 RHODE ISLAN				1 3217
ACMANATION BALL	Character of Business Co	IF PRACTICE WALCE	INCLUDES WITHOUT LI	MITATION, REFRACTIVE	E SURGERY, LASER
TO CONDUCT AN C		TOUCH BAND OFFICE OF	FUR INCIDENTS OF AN	OPHTHAMOLOGY PRACTIC	CE.
8. NAMES AND AD	DRESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) [ FILL III	PACES BEFORE USING AT	TACHMENIS
President Name			Vice President Name . Ezra L. Galler		:
Erra L. Galle	r, M.D.	The second of th	Sirces Address		
S <i>red Address</i> 29 Dunbar St.r	<b>.</b>		. 29 Dunbar Str	ect	
	State	Zip	City	State	Zip
chy Sharon	i MA	£02067	Sharon	AN	02067
Straton Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
Szra L. Gaile	r, M.D.		Ezra L. Galler	r, M.D.	<u></u>
Sircer Address			* Street Address		
29 Dunbar Str	eet		.29 Dunbar Stre	et	
City	State	Zip	City	State	. Zip Longen
Sharon	MA	02067	. Sharon	I MA	102067
9. NAMES AND AL	DRESSES OF THE DI	RECTORS ("X" BOX F	DRATTACHMENT) FILL I	N SPACES BEFORE USING	ATTACHMENIS
Esra 1. Galle	er, M.D.				
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29 Dumbar Str	eet			and the same of	177.0
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Sharon	MA	02067	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		!
Director Name			Director Name		
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AN ASSESSMENT A STORE	HADISTIN ALVI BAY EX	P ATTACHMENTA []	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	vz) 🔲
AUTHORIZED SHAR	HORIZED CX BOX FO	A AT IACULATION OF THE STATE OF	ISSUED SHARES		
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-			: :	<u> </u>	
This report must b	e siened in ink by ci	ther the President Vid	e President Secretary. A.	ssistant Secretary, Treas	urer Receiver or Truste.
1 ma report miles e	, <b>,</b>				
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		1501	و مالمد د د د ۱	perjury, I declare and allium	a that I have examined
*	1 0 5 4 4 7	*	Under penalty of	diffy arty necome and armin	edules and statements.
,		<del></del> -1	and that all state	nents cyntained herein are tr	nic and egreety
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File Date 91	1,5/03		991 h	r/yuu	1910102
1 110 :201			Signature of Office		Dote
	( **) /	Ī	- V 1 ^	aller, M.D.	L i

Print or Type Name of Officer

President

Title of Officer



Edward S. Inman, III. Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903 133 401-222-304

#### 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. 2 Name of Corporation 105447 Ezra L. Galler, M.D., Ltd. 3. Street Address Principal Business Office City State Zip 333 School Street, Suite 301 Pawtucket RI 02860 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** (401) 728-1400 9217 7 Brief Description of the Character of Business Conducted in Rhode Island opthamolic medical practice 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Ezra L. Galler, M.D. Ezra L. Galler, M.D. · Street Address Street Address 29 Dunbar Street Dunbar Street State Zip 210 Sharon 02067 MA Sharon Treasurer Name Secretary Name MA 02067 Ezra L. Galler, M.D. Ezra L. Galler, M.D. Street Address Street Address 29 Dunbar Street 29 Dunbar Street Zio FOR AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 02067 Director Name Director Name Ezra L. Galler, M.D. Street Address Street Address 29 Dunbar Street City State Zip City State Ζiρ Sharon MA 02067 Director Name Director Name Street Address Street Address City State City State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Volue Class/Series Number of Shares Class/Series Par Value 10,000 NO 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



File Date:	4-25.02	
Check No.:	1691	· <u>-</u>
Bv:	<u> Z</u> e	

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 comained herein arestrue and correct.

HOfficer Signature

Ezra L. Galler, M.D.

Print or Type Name of Officer

President

THE AT 016. TO

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

	OP
PLEASE	READ

PROFIT CORP Filing Period: January				PORT FOR TH	HE YEAR 200	1 STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA		J	,			
1. Corporate ID No.	2. Name of Co	rporation				
105447	Ezı	ra L. Gai	ller, M.D.,	Ltd.		
3. Street Address Principal Business	Office			City	State	Zip
690 Eddy Street				Providence	RI	02903
4. Business Phone No.		5.	State of Incorporation			6. SIC Code
(401) 274-5844  7. Brief Description of the Character () which						9217
8. NAMES AND ADDRESS President Name					ES BEFORE USING AT	rachments .
Ezra L. Galler, Street Address	M.D.			Ezra L. Gall Street Address	ler, M.D.	
29 Dunbar Street				29 Dunbar St	reet	
City	State	ZIJ	,	City	State	Zip
Sharon Secretary Name		MA	02067	Sharon Treasurer Name	. MA	02067
Ezra L. Galler,	M.D.			Ezra L. Gall	ler, M.D.	
29 Dunbar Street				29 Dunbar St	treet	
City	State	Zij	<b>,</b>	City	State	Zip
Sharon		MA	02067	Sharon	MA	02067
9. NAMES AND ADDRESS Director Name	SES OF THE I				CES BEFORE USING A	
Ezra L. Galler, Street Address	M.D.		·	Street Address		
29 Dunbar Street						
City	State	Zij	•	City	State	Zip
Sharon		MA	02067			
Director Name			•	Director Name	•	• • •
Street Address				Street Address		
City	State	21	ø	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for	ATTACHMEN	τ)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHM	ient)
Number of Shares	Class/Series	Pa	r Value	Number of Shares	Class/Series	Par Value
10,000	common	no	Par Value	100	com	mon no par value
This report must be <b>sign</b>	<b>ed in ink</b> by	either the	President, Vice	President, Secret <mark>ary,</mark> A		easurer, Receiver or Trustee
File Date:MA	FILED R 0 9 2001	- 16	/g, ::)' os 6	this 19 port, inclu	oing nny afternpanying	ffirm that I have examined schedules and statements, and true and correct. $\frac{3/8/61}{Date}$
Check No.: By	2600	<u>×7</u>	FINED FINED	Ezra L. G	aller, M.D.	
Bv.						

Filing Fee: \$20.00

**ID Number**: <u>10544</u>7



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

### **BUSINESS CORPORATION**

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the state of Rhode Island:

1.	The name of the corporation is Ezra L. Galler, M.D., Ltd.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	123 Dyer Street, Providence, RI 02903
3.	The address of the NEW registered office is:
	86 Weybosset Street, Providence, RI 02903
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	CT Corporation System
5.	The name of the NEW registered agent is:
	Gini Spaziano
Dai ST/	shall become effective upon the filing of this statement, or on upon filing  (a date not prior to, nor more than 30 days after, filing this statement)  The change was authorized by resolution duly adopted by its board of directors.  Ezra L. Galler, M.D., Ltd.  Print Corporate Name  MAR 0 9 2001  By  ATE OF RHODE ISLAND  UNTY OF PROVIDENCE  PROVIDENCE
is th	In Providence , on this
	My Commission Expires: 4/0///2

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporat	lon			
105447		L. Galler, M.I	)., Ltd.		
3. Street Address Principal Business 690 Eddy Street	Office		City Providence	State RI	zip 02903
4. Business Phone No. (401) 274-5844		5. State of Incorporation Rhode	n Island		6. SIC Code 9217
7. Brief Description of the Character surgery, laser vision	of Business Conducted in on correction, ey	r <i>Rhode Island</i> Ophthalmi ye examinations, ar	c medical practice included other incidents of an	ding, without limit ophthalmology pract	ation, refractivice.
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Ezra L. Galler, N	1.D.		Ezra L. Galler	, M.D.	
Street Address			Street Address		
29 Dunbar Street			29 Dunbar Stre	et	
City	State	Zip	City	State	Zip
Sharon	MA	02067	Sharon	MA	02067
Secretary Name Ezra L. Galler, 1		•	Treasurer Name Ezra L. Galler	· M D	
Street Address			Street Address	,	
29 Dunbar Street	•		29 Dunbar Stre	et	
Sharon	State MA	zip 02067	City Sharon	State MA	<sup>zip</sup> 02067
9. NAMES AND ADDRES Director Name Ezra L. Galler, 1		CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
Street Address 29 Dunbar Street			Street Address		
City Sharon	State MA	zip 02067	City	State	Zip
Director Name	•••		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	common	none	; 100	common	none

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

FILED MAR 0 9 2001	10: lik cz E	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements can be included ferein are true and correct.
Check No.:		Signature of Officer Date
By:	THE STATE OF THE S	Ezra L. Galler, M.D.  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		President Title of Officer