



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No <u>128647</u>		2. Exact name of the limited liability company <u>COH PROPERTIES LLC</u>			
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>WALK-IN MEDICAL SERVICES</u>			
5. Principal office address <u>982 TIOGUE AVE.</u>			City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>DR. DANIEL COLLINS</u>			Contact Title		
Street Address <u>982 TIOGUE AVE</u>			City <u>COVENTRY</u>	State <u>R.I.</u>	Zip <u>02816</u>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <u>JAMES A. IACCI, ESQ.</u>			Address <u>171 BROADWAY</u>		
Address			City <u>PROVIDENCE</u>	Zip <u>02903</u>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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 2/1/06
Check No. 1163
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature]
Signature of Authorized Person Date 1/30/06
DANIEL F. COLLINS
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 128647		2. Exact name of the limited liability company COH Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WALK-IN MEDICAL SERVICES			
5. Principal office address 71 SANDY BOTTOM ROAD		City COVENTRY	State RI	Zip 02816-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DR DANIEL COLLINS			Contact Title		
Street Address 71 SANDY BOTTOM ROAD		City COVENTRY	State RI	Zip 02816-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JAMES A. IACOI, ESQ.			Address 172 BROADWAY		
Address		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 6 4 7

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.

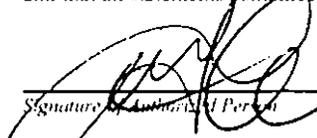
128647 DLLC 02/08/05 10:42:54 AM

File Date 2/27/05

Check No 1409

By: DA

FOR SECRETARY OF STATE USE ONLY


Signature of Authorized Person Date 2/11/05

Daniel F. Collins
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128647		2. Exact name of the limited liability company COH Properties, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island walk-in medical services	
5. Principal office address 71 Sandy Bottom Road		City Coventry	State RI
		Zip 02816	
6. CONTACTING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTACT INFORMATION OF PERSONS			
Contact Name Dr. Daniel Collins		Contact Title .	
Street Address 71 Sandy Bottom Road		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IN APPLICABLE CIRCUMSTANCES, LISTING MANAGER'S RESIDENCE ADDRESS IS REQUIRED. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (RGL 7-16-66) (2) (1) (C) 52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ENTER. Changes require filing of Form 632 (RGL 7-16-66)			
Agent Name John A. Comery, Esq.		Address 1050 Main Street, Suite 25	
Address		City East Greenwich	Zip 02818

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 6 4 7

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] 10/27/03
Signature of Authorized Person Date
DANIEL COLLINS
Print or Type Name of Authorized Person

FILED

File Date OCT 28 2003

Check No. C10148

By: C10148

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