



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. 99447		2. Name of Corporation Mentor Medical Management, Inc.			
3. Street Address Principal Business Office 1130 TEN ROD ROAD		City NORTH KINGSTOWN	State RI	Zip 02852-	
4. Business Phone No. 4012958655		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MEDICAL BILLING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Landy P. Paolella		Vice President Name Robert Binek			
Street Address 1130 TEN ROD ROAD		Street Address 1130 TEN ROD ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name Donna Haley		Treasurer Name Donna Haley			
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Landy P. Paolella		Director Name Robert Binek			
Street Address 1130 TEN ROD ROAD		Street Address 1130 TEN ROD ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name Donna Haley		Director Name			
Street Address 1130 Ten Rod Road		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	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"/> ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			300	Common	No Par

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



9 9 4 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 of Officer
Landy P. Paolella
Print or Type Name of Officer
President
Title of Officer

99447 DBC 03/29/05 05:12:05 PM

File Date

FILED

MAY 05 2005

Check No.

By

By

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99447		2. Name of Corporation Mentor Medical Management, Inc.			
3. Street Address Principal Business Office 1130 TEN ROD ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401-295-8655		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MEDICAL BILLING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Landy P. Paolella		Vice President Name Robert Binek			
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Donna Haley		Treasurer Name Donna Haley			
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Landy P. Paolella		Director Name Robert Binek			
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Donna Haley		Director Name			
Street Address 1130 Ten Rod Road		Street Address			
City North Kingstown	State RI	Zip 02852	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"/> ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			300	Common	No Par

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



9 9 4 4 7

99447 DBC 12/31/03 11:57:05 AM

File Date 3/15/04

Check No. 3297

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] 1/29/04
Signature of Officer Date

Landy P. Paolella

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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. **99447** 2. Name of Corporation **Mentor Medical Management, Inc.**

3. Street Address Principal Business Office

1130 Ten Rod Road

4. Business Phone No.

295-8655

5. State of Incorporation

RHODE ISLAND

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

Medical Billing Services

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

President Name

Landy P. Paolella

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

Secretary Name

Donna Haley

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

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

Director Name

Landy P. Paolella

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

Director Name

Donna Haley

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 NO PAR VALUE

Vice President Name

Robert Binek

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

Treasurer Name

Donna Haley

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

Director Name

Robert Binek

Street Address

1130 Ten Rod Road

City State Zip
North Kingstown RI 02852

Director Name

Street Address

City State Zip

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

ISSUED SHARES

Number of Shares Class/Series Par Value

300 Common NO PAR

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



* 9 9 4 4 7 *

FILED

File Date: **SEP 11 2003**

Check No.: **3071 GAS**

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.

Landy P. Paolella **8/30/03**
Signature of Officer Date

Landy P. Paolella
Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99447 2. Name of Corporation Mentor Medical Management, Inc.
3. Street Address Principal Business Office
1130 TEN ROD ROAD D201
4. Business Phone No. (401) 295-8655 5. State of Incorporation RHODE ISLAND

City NORTH KINGSTOWN State RI Zip 02852
6. SIC Code

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

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

President Name Landy P. Paoella
Street Address 1130 TEN ROD ROAD D201
City NORTH KINGSTOWN State RI Zip 02852
Secretary Name Donna Haley
Street Address 1130 TEN ROD ROAD , D201
City NORTH KINGSTOWN State RI Zip 02852

Vice President Name Robert Binek
Street Address 1130 TEN ROD ROAD D201
City NORTH KINGSTOWN State RI Zip 02852
Treasurer Name Donna Haley
Street Address 1130 TEN ROD ROAD D201
City NORTH KINGSTOWN State RI Zip 02852

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

Director Name Landy P. Paoella
Street Address 1130 TEN ROD ROAD D201
City NORTH KINGSTOWN State RI Zip 02852
Director Name Donna Haley
Street Address 1130 TEN ROD ROAD D201
City NORTH KINGSTOWN State RI Zip 02852

Director Name Robert Binek
Street Address 1130 TEN ROD ROAD , D201
City NORTH KINGSTOWN State RI Zip 02852
Director Name
Street Address
City NORTH KINGSTOWN State RI Zip 02852

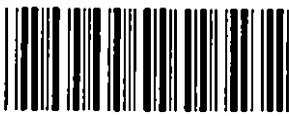
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares 4,000 NO PAR VALUE Class/Series Par Value

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

ISSUED SHARES
Number of Shares 300 Class/Series Common Par Value No Par

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



* 9 9 4 4 7 *

File Date: 3-4-02
Check No.: 2410
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] 2/26/02
Signature of Officer Date

Donna B. Haley
Print or Type Name of Officer

Secretary/Treasurer
Title of Officer

5



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

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



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. 99447 2. Name of Corporation Mentor Medical Management, Inc.

3. Street Address Principal Business Office

2358 South County Trail

City

East Greenwich

State

RI

Zip

02818

4. Business Phone No.

885-1595

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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

Medical billing services

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

President Name

Landy P. Paoletta

Vice President Name

Robert Binek

Street Address

2358 South County Trail

Street Address

2358 South County Trail

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

02818

Secretary Name

Donna Haley

Treasurer Name

Donna Haley

Street Address

2358 South County Trail

Street Address

2358 South County Trail

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

02818

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

Director Name

Landy Paoletta

Director Name

Robert Binek

Street Address

2358 South County Trail

Street Address

2358 South County Trail

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

02818

Director Name

Donna Haley

Director Name

Street Address

2358 South County Trail

Street Address

City

East Greenwich

State

RI

Zip

02818

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

No par

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



* 9 9 4 4 7 *

File Date: 5-4-01

Check No.: 2087

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.

Donna B Haley 4/5/01
Signature of Officer Date

Donna B Haley
Print or Type Name of Officer

See Treasurer
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 99447 2. Name of Corporation Mentor Medical Management, Inc.

3. Street Address Principal Business Office
2358 South County Trail City East Greenwich State RI Zip 02818

4. Business Phone No. 885-1595 5. State of Incorporation RHODE ISLAND 6. SIC Code 9658

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

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

President Name <u>Landy P. Paoletta</u>	Vice President Name <u>Robert Binek</u>
Street Address <u>2358 South County Trail</u>	Street Address <u>2358 South County Trail</u>
City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>	City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>Donna Haley</u>	Treasurer Name <u>Donna Haley</u>
Street Address <u>2358 South County Trail</u>	Street Address <u>2358 South County Trail</u>
City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>	City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>

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

Director Name <u>Landy Paoletta</u>	Director Name <u>Robert Binek</u>
Street Address <u>2358 South County Trail</u>	Street Address <u>2358 South County Trail</u>
City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>	City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>
Director Name <u>Donna Haley</u>	Director Name <u>Donna Haley</u>
Street Address <u>2358 South County Trail</u>	Street Address <u>2358 South County Trail</u>
City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>	City <u>East Greenwich</u> State <u>RI</u> Zip <u>02818</u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>4,000 NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>Common</u>	<u>No par</u>

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



* 9 9 4 4 7 *

File Date: 3-15-00

Check No.: 1623

By: RD

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.

Donna B. Haley 3-1-00
Signature of Officer Date

Donna B. Haley
Print or Type Name of Officer

Secretary/Treasurer
Title of Officer



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

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99447		2. Name of Corporation Mentor Medical Management, Inc.			
3. Street Address Principal Business Office 2358 South County Trail			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 885-1595		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island Medical billing services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Landy P. Paolella			Vice President Name Robert Binek		
Street Address 2358 South County Trail			Street Address 2358 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Donna Haley			Treasurer Name Donna Haley		
Street Address 2358 South County Trail			Street Address 2358 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Landy P. Paolella			Director Name Robert Binek		
Street Address 2358 South County Trail			Street Address 2358 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Donna Haley			Street Address		
Street Address 2358 South County Trail			City		
City East Greenwich	State RI	Zip 02818	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
4,000 NO PAR VALUE			300	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: cellar 2, 99
12/98
Check No.: 90
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 of Officer: [Signature] Date: 1/7/99

Landy P. Paolella

Print or Type Name of Officer

President

Title of Officer