

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

Form 630 12/01

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 -	•	Fce: \$50.00			
(FORM MUST BE TYPED IN B					
1. Corporate ID No.	2. Name of Corporation				
99447	<u> </u>	Management, Inc.	<u> </u>		
3. Street Address Principal Busin			City	State	Zip
1130 TEN ROD ROAD	<u>:</u>	Ta 0	NORTH KINGSTOWN	RI	02852-
4. Business Phone No. 4012958655	ι.	5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Chara	octer of Rusiness Conducte	1			
TO ENGAGE IN THE BUS			ES.		
	SES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
, President Name Landy P. Paolella			Vice President Name Robert Binek		
Street Address			Street Address		
1130 TEN ROD ROAD			. 1130 TEN ROD ROAD		
City	State	Zip	City	State	Zip
: NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	RI	02852
Secretary Name			Treasurer Name	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •
Donna Haley	1		Donna Haley		
Street Address	·,		* Street Address		
1130 Ten Rod Road	 	 	.1130 Ten Rod Road	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
NORTH/KINGSTOWN	RF	02852	. NORTH KINGSTOWN	RI	02852
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
Landy P. Paolella	•		*Robert Binek		
Street Address	<u>i</u>	······	Street Address		· · - · ·
1130 TEN ROD ROAD			1130 TEN ROD ROAD		
City	Crata	2:-	<u> </u>	State	Zip
NORTH KINGSTOWN	State RI	<i>Zip</i> 02852	·Ciry *NORTH KINGSTOWN	RI	02852
Director Name	******		Director Name		. 1
Donna Haley			·		
Street Address			·Street Address		
1130 Ten Rod Road			•		
Ciry	State	Zip	.City	State	Zip
NORTH KINGSTOWN	ĮRI	02852	<u>:</u>	<u>l</u> .	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) 🗆	11. SHARES ISSUED ("X" BOX	Y FOR ATTACHMENT)	
AUTHORIZED SHARES	Class Carden	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series	rar value	Ivilmoer of States	Classiseries	
4,000 NO PAR VALUE	\$ 		300	Common	No Par
i T	7				
r U safe #	9		1		
	•	ne President Vice Pre	sident, Secretary, Assistant	Secretary Treasur	er Receiver or Truste
4 B 2 B			oraciii, occioiary, monaiarii	<i>5.00.010.7</i> , 7.00	.,
A TANK THE PROPERTY AND A SECOND COMMENTS OF THE PROPERTY AND A SECOND COMMENT OF	,' 51811 199				
Ĭ I					
	ı imifr				
, 994	4 7		Under penalty of perjury,		
·		٦	this report, including any and that all statements cor		
99447 DBC 03/29/05	95-12:05 PM		diat an statements con		W. Control.
File Date	<u>.u</u>] /	11 1000x 1	(UlleVa_	Mos
MAY 0 5	2005 CYC	\mathcal{M}	Signature of Officer	Da	te ^f
Check No. WIAT 00	- /////	[Landy P. Paole	lla	
By			Print or Type Name of Office		
B <u>v.</u>			President		
FOR SECRETARY OF STATE	USE ONLY	=	Title of Offices		Form 630 12#

Title of Officer



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 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Finng Feriou: Juniury 1 -		rung ree: \$50.00				
(FORM MUST BE TYPED IN B I. Corporate ID No.	LACK) 2. Name of Cor	maration				
. 99447		edical Management, Ir	nc ·			
3. Street Address Principal Busin	.*		City	State	Zip	
1130 TEN ROD ROAD			NORTH KINGSTOWN	1	02852	
. 4. Business Phone No.		5. State of Incorpora	1	, , , , , , , , , , , , , , , , , , , ,	6. SIC Code	
401-295-8655		RHODE ISLA			0.0.0	
7. Brief Description of the Charce TO ENGAGE IN THE BU	SINESS OF M	EDICAL BILLING SER				
8. NAMES AND ADDRESS	ES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) TILL IN SP	ACES BEFORE USING A	TTACHMENTS	
President Name Landy P. Paolella			. <i>Vice President Name</i> • Robert Binek			
Street Address			Street Address		·····	
1130 Ten Rod Road			. 1130 Ten Rod Ro	oad		
City	State .	Zip	City	State	Zip	
North Kingstown	RI	02852	North Kingstown	i	02852	
Secretary Name	• • • • • •		Treasurer Name	· · · · · · · · · · · · · · · · · · ·		
Donna Haley			Donna Haley			
Street Address	,		* Street Address -			
1130 Ten Rod Road			.1130 Ten Rod Ro	ad		
City	State	Zip	*City	State	Zip	
North Kingstown	RI	02852	. North Kingstown	ı RI	02852	
9. NAMES AND ADDRESS Director Name	ES OF THE D	IRECTORS ("X" BOX FO	DRATTACHMENT) . FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Landy P. Paolella			'Robert Binek			
Street Address			- Street Address			
1130 Ten Rod Road			11130 Ten Rod Ro	ad		
City	State	Zip	• City	State	Zip	
North Kingstown	RI	02852	North Kingstown	ı RI	02852	
Director Name	<i>.</i>		Director Name			
Donna Haley			•			
Street Address 1130 Ten Rod Road			*Street Address			
City	State	Zip	.City	State	Zip	
North Kingstown	RI	02852	•	į		
10. SHARES AUTHORIZE	D ("X"'BOX FO	OR ATTACHMENT):	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	$\mathcal{O} \square$	
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	
This report must be signe	d in ink by ei	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Trustee	
. 12 (21/2 (2/7) 019)	0/5/1 133					
	11211 ILT 4 7		11-116		ab a 1 b a a a a a	
, , ,	7 (jury, I declare and affirm any accompanying schee		
400447-7-0 :				the contained herein are tra		
99447 DBC,12/31/03	11:57:05 AM		1 // 1	Z///\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
File Date 3/15/04	 	<u>·</u>	tande	gollin	1/29/04	
2107			Signature of Officer		Date	
Check No. 3d7 +		<u> </u>	Landy P. Pa	aolella		
$ \frac{1}{2}$			Print or Type Name of Officer			

President

Title of Officer



2003 DATION ANNHAL REPORT FOR THE YEAR

(FORM MUST BE TYPED OR PRINTEL) IN BLACK)	_			
1. Corporate ID No.	2. Name of Corporation				
99447		al Management, Inc.	C/A	State	Zip
3. Street Address Principal Business Of	Tice		City	RI	02852
1130 Ten Rod Road 4. Business Phone No.		5. State of Incorporation	North Kingstown	K1	6. SIC Code
295-8655		RHODE ISLAND			
7. Brief Description of the Character o	f Business Conducted in	Rhode Island	.		
Medical Billing Se 8. NAMES AND ADDRESS President Name	rvices ES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTACHME	NTS
Landy P. Paolella			Robert Binek Street Address		
1130 Ten Rod Road			1130 Ten Rod Road		31m
City	State	Zip	City	State	2ip
North Kingstown	RI	02852	North Kingstown Treasurer Name	RI	02852
Donna Haley Street Address			Donna Haley Street Address		
1130 Ten Rod Road			1130 Ten Rod Road		Zip
City	State	Zip	City	State	
North Kingstown 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIRI	02852 ECTORS (*x* box [†] fór átt)	North Kingstown ACHMENT) FILL IN SPACES B Director Name	RI EFORE USING ATTACH	02852 MENTS
Landy P. Paolella		٠.	Robert Binek Sucet Address		
1130 Ten Rod Road	State	Zip	1130 Ten Rod Road	d State	Zip
North Kingstown Director Name	RI	02852	North Kingstown Director Name	RI	02852
Donna Haley Street Address			Street Address		
1130 Ten Rod Road	State	Zip	City	State	Zip
North Kingstown 10. SHARES AUTHORIZE	RI D' (*x* box for at:	02852 fachment)	11. SHARES ISSUED ("x"	BOX FOR ATTACHMENT)	and the second second
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shures	C1031/361163	F #1 * 111.27	·		
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



SEP 1 1 2003 Check No.: __

3v.3071 GAD

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

Print or Type Name of Officer

President

Title of Officer **4** (200)

Forin 630 12/02

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



	•	•	
/COOL /			
(FORM MUST BE TYPED I	N RI ACK)		

FORM	MUST	BE	TYF	ED	IN	BI,AC	K

1. Corporate ID No.

2. Name of Corporation

99447

Mentor Medical Management, Inc.

D 2-0(

3. Street Address Principal Business Office 1130 TEN ROD ROAD

5. State of Incorporation

Robert Binek

Donna Haley

Robert Binek

TEN ROO ROAD

NORTH KINDSTOWN RI

1130 TEN ROD DOAD

TEN ROO ROAD

NORTH KINGSTOM

Street Address

Treasurer Name

Street Address

Director Name

Street Address

Director Name

Street Address

(401) 295-8655

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 Vice President Name

President Name

Landy P. Paoella

Street Address

1130 TEN ROD ROAD 1201

NORTH KINGSTOWN RE 210 0205

Secretary Name

Donna Haley

Street Address

1130 TON ROD ROAD

City

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Landy P. Paoella

Street Address

1130 TEN ROD ROAD

NORTH KINGSTOWN RI

Director Name

Donna Haley

Street Address

1130 TEN ROD ROAD

KINGSTOWN

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

AUTHORIZED SHARES

Number of Shares

Cluss/Series

Par Value

4,000 NO PAR VALUE

City

State

FILL IN SPACES BEFORE USING ATTACHMENTS

Zip

02852

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



3-41-02 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 Print or Type Name of Officer

<->> 3

<u>Secretary/Treasurer</u>

Title of Officer

Form 630 12/01

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

STOP
PLEASE READ INSURECTIONS

(FORM MUST BE TYPED IN BLACK)

CLOWIN MOST BE 111.50 14 BENE	-K/				
1. Corporate ID No. 99447	2 Name of Comoration Red	rcal Managemen	t, Inc.		
3. Street Address Principal Business C			City	State	Zip
2358 South Cour	nty Trail		East Greenwich	RI	02818
F. Business Phone No.		S. State of Incorporation	¹ n.		6. SIC Code
885-1595			•		
Redical billing s. Medical billing		Rhode Island			
B. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACI	HMENTS
Landy P. Paolell	la		Robert Binek		
Street Address			Street Address		
2358 South Cour	nty Trail		2358 South Coun	ty Trail	
City	State	Zip	City	State	Žip
East Greenwich	RI	02818	East Greenwich	RI	02818
Secretary Name		• •	Treasurer Name		•
Donna Haley			Donna Haley		
itreet Address			Street Address		
2358 South Cour	nty Trail		2358 South Coun	ty Trail	
Sity	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES E	BEFORE USING ATTA	CHMENTS
Landy Paolella			Robert Binek		
treet Address			Street Address		
2358 South Cour	nty Trail		2358 South Coun	ty Trail	
Dity	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Director Name		• •	Director Name		
Donna Haley					
Street Address			Street Address		
2358 South Cour	nty Trail				
City ·	State	Zip	City	State	Zip
East Greenwich	RI	02818	•		
IO. SHARES AUTHORIZED NUTHORIZED SHARES	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALU	JE		300	Common	No par

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



 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	Halo	
Sixocture of Officer	_	11.1	

4/5/01

Donna B Hakey

Se Treasur

/30 13 ma

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

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PROFII CORPO	OKATION	ANNUAL	KEPUKI	FUK I	НĿ	YEAR _	
Filing Period: January	1-March I •	Filing Fee: \$5	0.00				
(FORM MUST BE TYPED IN BLAC	CK)						
1. Corporate IP 9447	Menter Wed	Mical Manage	ement, Inc.				

3. Street Address Principal Business Off 2358 South County			City East Greenwich	State RI	^{Zip} 02818
4. Business Phone No. 885-1595		s as hope he as leading	D		6. SIC Code 9658
7. Brief Description of the Character of Medical Billing serv		n Rhode Island			
8. NAMES AND ADDRESSE President Name Landy P. Paolella	S OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEF Vice President Name Robert Binek	FORE USING ATTACH	MENTS
Street Address 2358 South County	Trail		Street Address 2358 South Cour	nty Trail	
City East Greenwich	State RI	^{Zip} 02818	East Greenwich	State R1	^{Zlp} 02818
Secretary Name Donna Haley		·	Treasurer Name Dönna Haley		
Street Address 2358 South County	Trail		Street Address 2358 South Cour	nty Trail	
East Greenwich	State R1	^{Zip} 02818	East Greenwich	State R1	^{Zip} 02818
9. NAMES AND ADDRESSE Director Name Landy Paolelle.	S OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES B Director Name Robert Bin ek	EFORE USING ATTAC	HMENTS
Street Address 2358 South County	Trail		Street Address 2358 South Coun	ty Trail	
East Greenwich	State R1	Zip 02818	city East Greenwich	State R1	Zip 02818
Donna Haley	• •		Director Name		
Street Address 2358 South County	Trail		Street Address		
East Greenwich	State R1	^{21p} 02818	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT)	
Number of Shares 4,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

300

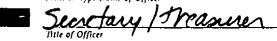


FOR SECRETARY OF STATE USE ONLY

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. Date

Common

No par



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

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PLEASE INSTRUC	READ - FIONS

(FORM MUST BE TYPED IN BLAC	ck)				
I. Corporate ID No. 99447	2. Name of Corporation Mentor Medi	cal Management, inc	,	····	
3. Street Address Principal Business C	Office		City	State	Zip
2358 South Cour 4. Business Phone No.	nty_Trail	5. State of Incorporation	East-Greenwich-	RI	02818
885-1595 7. Brief Description of the Character of	of Business Conducted in	RHODE ISLAND	-		7658
_Medical_billing 8. NAMES AND ADDRESS	services_	ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTAC	HMENTS
President Name			Vice President Name		
Landy_PPaolel Street Address 2358 South Cour		- ··	Robert-Binek—— Street Address 2358 South Coun	tv Trail	
City	State	Zip	: City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Secretary Name Donna Haley			Treasurer Name Donna Haley		
Street Address 2358 South Cour	ty Trail	· • · · · · · · · · · · · · · · · · · ·	Street Address 2358 South Coun	ty Trail	
City East Greenwich	State	Zip	City	State	Zip
	RI	02818	East Greenwich	RI	02818
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENIS
Landy P. Paolel	.la		Robert Binek		i
Street Address 2358 South Cour	ty Trail		Street Address 2358 South Coun	ty Trail	
East Greenwich	State 'RI	02818	City East Greenwich	State RI	^{Zip} 02818
Director Name	••••••••••••••••••		Director Name	••••••	
-Donna-Haley-			<u>: </u>	· · · · · · · · · · · · · · · · · · ·	
2358 South Cour	ty Trail		. Street Address		
City East Greenwich	State	02818	City	State	Zip
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ('X')	BOX FOR ATTACHMENT	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALU	E		300	Common	No par value
·				1	
This report must be signe	ed in ink by eithe	er the President, Vice P	resident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee
88118	(2) 0 6 2 0 8 0				

		Under penalty of perjury, I declare and affirm that I have examined
File Date:	Mar 2,99	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct,
Check No.: By: FOR SECRETARY OF	STATE USE ONLY	Landy P. Paoleila Print or Type Name of Officer President Title of Officer