



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

Mathew 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. 98948		2. Name of Corporation Comprehensive Practice Management Services, Inc.			
3. Street Address Principal Business Office 6 BLACKSTONE VALLEY PLACE, STE 402			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4013349630		5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island BILLING SERVICES PROVIDED TO PHYSICIANS' OFFICE AND HOSPITALS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracey L. Capuzziello			Vice President Name Julie Sylvestre		
Street Address 6 BLACKSTONE VALLEY PLACE, STE 402			Street Address 6 BLACKSTONE VALLEY PLACE, STE 402		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name Tracey L. Capuzziello			Treasurer Name Tracey L. Capuzziello		
Street Address 6 BLACKSTONE VALLEY PLACE, STE 402			Street Address 6 BLACKSTONE VALLEY PLACE, STE 402		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tracey L. Capuzziello			Director Name Julie Sylvestre		
Street Address 6 BLACKSTONE VALLEY PLACE, STE 402			Street Address 6 BLACKSTONE VALLEY PLACE, STE 402		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
8,000 \$.01 PAR VALUE				Number of Shares	Class/Series
				2,000	Common
					\$.01

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



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98948 DBC 02/14/05 08:32:58 PM

File Date 3/1/05

Check No. 166771

By: U.

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.

Tracey L. Capuzziello 2/23/05
Signature of Officer Date

Tracey L. Capuzziello
Print or Type Name of Officer

President
Title of Officer

EXHIBIT A

TO

**2005 RI PROFIT CORPORATION ANNUAL REPORT
OF
COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.
(Corp. ID#98948)**

8. Names and addresses of the Officers (cont.)

Assistant Secretary	Julie Sylvestre 6 Blackstone Valley Place, Suite 706 Lincoln, RI 02865
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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. *98948*		2. Name of Corporation Comprehensive Practice Management Services, Inc.			
3. Street Address Principal Business Office 6 BLACKSTONE VALLEY PLACE, STE 402			City LINCOLN	State RI	Zip 02865
4. Business Phone No. (401) 334-9630		5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island BILLING-SERVICES PROVIDED TO PHYSICIANS' OFFICE AND HOSPITALS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracey L. Capuzziello			Vice President Name		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Tracey L. Capuzziello			Treasurer Name Tracey L. Capuzziello		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address 6 Blackstone Valley Place, Suite 402		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tracey L. Capuzziello			Director Name		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	\$.01 PAR VALUE		2,000	Common	\$.01

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



**98948* 1/27/03 10:47:32 AM*
File Date 3-3-04
Check No. 3918
By: 2
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.

Tracey L. Capuzziello 2/24/04
Signature of Officer Date
Tracey L. Capuzziello
Print or Type Name of Officer
President
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98948*		2. Name of Corporation Comprehensive Practice Management Services, Inc.			
3. Street Address Principal Business Office 6 BLACKSTONE VALLEY PLACE, STE 402			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4013349630		5. State of Incorporation RHODE ISLAND		6. SIC Code 7872	
7. Brief Description of the Character of Business Conducted in Rhode Island BILLING SERVICES PROVIDED TO PHYSICIANS' OFFICE, AND HOSPITALS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracey L. Capuzziello			Vice President Name .		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address .		
City Lincoln	State RI	Zip 02865	City .	State .	Zip .
Secretary Name Tracey L. Capuzziello			Treasurer Name Tracey L. Capuzziello		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address .6 Blackstone Valley Place, Suite 402		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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Director Name Tracey L. Capuzziello			Director Name .		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address .		
City Lincoln	State RI	Zip 02865	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	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	\$.01 PAR VALUE		2,000	Common	\$.01

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



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**98948* 1/27/03 10:47:32 AM*

File Date 2/12/03

Check No. 3269

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]
Signature of Officer

Date

Tracey L. Capuzziello
Print or Type Name of Officer

President
Title of Officer



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. **98948** 2. Name of Corporation **Comprehensive Practice Management Services, Inc.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 402** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **(401) 334-9630** 5. State of Incorporation **RHODE ISLAND** SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island
Billing services provided to physicians' offices and hospitals.

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

President Name Tracey L. Capuzziello	Vice President Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Tracey L. Capuzziello	Treasurer Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

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

Director Name Tracey L. Capuzziello	Director Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares 8,000	Common	\$.01 Par Value

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares 2,000	Common	\$.01 Par Value

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

File Date: 1-17-02
Check No.: 100342
By: BMF

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: Tracey L. Capuzziello Date: 1/16/02
Print or Type Name of Officer: **Tracey L. Capuzziello**
Secretary



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. **98948** 2. Name of Corporation **Comprehensive Practice Management Services, Inc.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 402** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **401-334-9630** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island
Billing services provided to physicians' offices and hospitals.

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

President Name Tracey L. Capuzziello	Vice President Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Tracey L. Capuzziello	Treasurer Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

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

Director Name Tracey L. Capuzziello	Director Name Paul T. Capuzziello
Street Address 6 Blackstone Valley Place, Suite 402	Street Address 6 Blackstone Valley Place, Suite 402
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Director Name 	Director Name
Street Address 	Street Address
City State Zip 	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000		\$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	Common	\$.01 Par

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



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FILED

File Date: _____
Check No.: _____
By: Tracey L. Capuzziello
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.

Tracey L. Capuzziello Date: 2/27/01
Signature of Officer Date
Print or Type Name of Officer
Secretary
Title of Officer



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. **98948** 2. Name of Corporation **Comprehensive Practice Management Services, Inc.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 402** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island
Billing services provided to physicians' offices and hospitals.

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

President Name Tracey L. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865 Secretary Name Tracey L. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865	Vice President Name Paul T. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865 Treasurer Name Paul T. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Tracey L. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865 Director Name Tracey L. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865	Director Name Paul T. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865 Director Name Paul T. Capuzziello Street Address 6 Blackstone Valley Place, Suite 402 City Lincoln State RI Zip 02865
--	--

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	\$.01	PAR VALUE

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
2,000	Common	\$.01 Par

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



* 9 8 9 4 8 *

FILED

File Date: _____

Check No.: **FEB 25 2000**

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] **2/17/00**
Signature of Officer Date

Tracey L. Capuzziello

Print or Type Name of Officer

Secretary
Title of Officer



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. 98948		2. Name of Corporation Comprehensive Practice Management Services, Inc.			
3. Street Address Principal Business Office 6 Blackstone Valley Place, Suite 402			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-334-9630		5. State of Incorporation RHODE ISLAND			7645 Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island Billing services provided to physicians' offices and hospitals.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tracey L. Capuzziello			Vice President Name Paul T. Capuzziello		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address 6 Blackstone Valley Place, Suite 402		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Tracey L. Capuzziello			Treasurer Name Paul T. Capuzziello		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address 6 Blackstone Valley Place, Suite 402		
City Lincoln	State RI	Zip 02865	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 Tracey L. Capuzziello			Director Name Paul T. Capuzziello		
Street Address 6 Blackstone Valley Place, Suite 402			Street Address 6 Blackstone Valley Place, Suite 402		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.01 PAR VALUE		2,000	Common	\$.01 Par
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					

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



* 9 8 9 4 8 *

File Date: 3/2/99

Check No.: 2072

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.

Tracey Capuzziello 2/27/99
Signature of Officer Date

Tracey L. Capuzziello

Print or Type Name of Officer

Secretary

Title of Officer