

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)
1. Corporate ID No | 2. Na

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

: 72650	Risurg, Inc.				
3 Street Address Principal Busine.	-		City	State	Zip
1524 ATWOOD AVENUE			JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorporation	·····		6. SIC Code
4015216080		RHODE ISLAND			9217
7. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island			L
TO CONSTRUCT, OWN ANI	D/OR OPERATE A	FREE STANDING AMB	ULATORY SURGERY CENTER	t .	
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	IMENTS
President Name		<u></u>	Vice President Name		<u> </u>
Michael A. Rocchio,	, M.D.		· Vincent F. Vacca, N	1.D.	
Sireei Address			Street Address		
1524 Atwood Avenue			- 1524 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name	_	
Michael A. Rocchio,	M.D.		Robert Buonanno, M.	D.	
Street Address			* Street Address		
1524 Atwood Avenue			.1524 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	. Johnston	RI	02919
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
Michael A. Rocchio,	, M.D.		Robert Buonanno, M.	. D .	
Street Address			· Street Address		
1524 Atwood Avenue			'1524 Atwood Avenue	5) (c
City	State	Zip	·City	State	Zip G
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Johnston	RI	02919	, Johnston	RI ⊆	02919
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Director Name Vincent F. Vacca, N Street Address	J	02919	*	۱ ۱۲ ۱۷	ນ ພ
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Director Name Vincent F. Vacca, N Street Address 1524 Atwood Avenue City	1.D.	Zip	Director Name	State	10.01
Director Name Vincent F. Vacca, N Street Address 1524 Atwood Avenue City Johnston	State	Zip 02919	Director Name Sirces Address City	State	10 CO TAIL
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Director Name Vincent F. Vacca, Notest Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares	State RI O ("X" BOX FOR ATTX	Zip 02919 4CHMENT)	Director Name Sircet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares	State C (FOR ATTACHMENT) Class/Series	Par Value
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Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE	State RI O ("X" BOX FOR ATTA Class/Series in ink by either the	Zip 02919 ACHMENT) Par Value Par Value	Director Name Sircet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450	State C (FOR ATTACHMENT) Class/Series Common Secretary, Treasurer,	Par Value No Par Receiver or Trustee
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed	State RI O ("X" BOX FOR ATT) Class/Series in ink by either the	Zip 02919 CHMENT)	Director Name Street Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I	State C C FOR ATTACHMENT)	Par Value No Par Receiver or Trustee have examined and statements,
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed 7 2 6 5	State RI O ("X" BOX FOR ATT) Class/Series in ink by either the	Zip 02919 CHMENT) Par Value The President, Vice President	Director Name Sircet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any of	State C C FOR ATTACHMENT)	Par Value No Par Receiver or Trustee have examined and statements,
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed	State RI O ("X" BOX FOR ATT) Class/Series in ink by either the	Zip 02919 ACHMENT) Par Value Par Value	Sirees Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any a and that all statements con	State C FOR ATTACHMENT) Class/Series Common Secretary, Treasurer, declare and affirm that I iccompanying schedules a tained herein are true and	Par Value No Par Receiver or Trustee have examined and statements,
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed 7 2 6 5	Siate RI O ("X" BOX FOR ATT) Class/Series in ink by either the 3:03:28 PM* JUN 2	Zip 02919 CHMENT) Par Value The President, Vice President	Director Name Sircet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any of	State C C FOR ATTACHMENT)	Par Value No Par Receiver or Trustee have examined and statements,
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed 7 2 6 5	State RI O ("X" BOX FOR ATT) Class/Series in ink by either the	Zip 02919 CHMENT) Par Value The President, Vice President	Sirees Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any a and that all statements con	State C FOR ATTACHMENT) Class/Series Common Secretary, Treasurer, declare and affirm that I iccompanying schedules a tained herein are true and	Par Value No Par Receiver or Trustee have examined and statements, is correct.
Director Name Vincent F. Vacca, No. Street Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE *72650 DBC 06/07/05 0 File Date Check No.	Siate RI O ("X" BOX FOR ATT) Class/Series in ink by either the 3:03:28 PM* JUN 2	Zip 02919 4CHMENT) Par Value Per President, Vice President,	Sirees Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any a and that all statements con	State C FOR ATTACHMENT) Class/Series Common Secretary, Treasurer, declare and affirm that I accompanying schedules at tained herein are true and Date A Roce	Par Value No Par Receiver or Trustee have examined and statements, is correct.
Director Name Vincent F. Vacca, Notes Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE This report must be signed 7 2 6 5 *72650 DBC 06/07/05 0 File Date Check No. By:	State RI D ("X" BOX FOR ATTY Class/Series in ink by either the 3:03:28 PM* JUN 2 By C	Zip 02919 CHMENT) Par Value The President, Vice President	Director Name Sireet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any and that all statements con Signature of Officer	State C FOR ATTACHMENT) Class/Series Common Secretary, Treasurer, declare and affirm that I accompanying schedules at tained herein are true and Date A Roce	Par Value No Par Receiver or Trustee have examined and statements, is correct.
Director Name Vincent F. Vacca, No. Street Address 1524 Atwood Avenue City Johnston 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares 600 NO PAR VALUE *72650 DBC 06/07/05 0 File Date Check No.	State RI D ("X" BOX FOR ATTY Class/Series in ink by either the 3:03:28 PM* JUN 2 By C	Zip 02919 4CHMENT) Par Value Per President, Vice President,	Director Name Sireet Address City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares 450 Under penalty of perjury, I this report, including any and that all statements con Signature of Officer	State C FOR ATTACHMENT) Class/Series Common Secretary, Treasurer, declare and affirm that I accompanying schedules at tained herein are true and Date A Roce	Par Value No Par Receiver or Trustee have examined and statements, is correct.

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

2004

FORM MUST BE TYPEL		•			
1. Corporate ID No.	2. Name of Corpor	ation			
72650	Risurg, Inc.				
3. Street Address Principal	-		City	State	Zip
1524 ATWOOD AV	ENUE		JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorpora		•	6. SIC Code
4015216080 RHODE ISLAN			ND		9217
7. Brief Description of the TO CONSTRUCT, OF	Character of Business Cond N AND/OR OPERATE	lucted in Rhode Island A PREE STANDING	AMBULATORY SURGERY C	ENTER.	
8. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SI	PACES BEFORE USING AT	TACHMENTS
Michael A. Roc	chio, M.D.	•	· Vincent F. Vac	ca, M.D.	
Street Address		• • • • • • • • • • • • • • • • • • • •	Street Address		
1524 Atwood Av	enue		1524 Atwood Av	enue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name	'	
Michael A. Roc	chio, M.D.		Robert Buonanne	o, M.D.	
Street Address			'Strees Address	··············	
1524 Atwood Av	enue		.1524 Atwood Ave	enue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	. Johnston	RI	02919
9. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Michael A. Roc	chio, M.D.		'Robert Buonann	o, M.D.	
Street Address			Sireet Address		
1524 Atwood Av	enue		1524 Atwood Av	enue	e s
City	State	Zip	•City	State	Zip 25
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Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name		~
Vincent F. Vac	ca, M.D.		•		ယိ
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10. SHARES AUTHO AUTHORIZED SHARES	DRIZED ("X" BOX FOR	ATTACHMENT) 🔲	11. SHARES ISSUED (" ISSUED SHARES	X" BOX FOR ATTACHMEN	m □ • 1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALU	IE		450	Common	No Par
This report must be:	signed in ink by eithe	r the President, Vic	e President, Secretary, Ass	istant Secretary, Treass	urer, Receiver or Trusi
7 2	6 5 0	FIL JUN 2. By Ki	3 2005 Under penalty of p	erjury, I declare and affirm	that I have examined
	7/05 03:03:28 PM*		and that all statemen	ents contained herein are tru	

File Date Check No. FOR SECRETARY OF STATE USE ONLY

C 6 9999 Signature of Officer

Form 630 12/01

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 2003

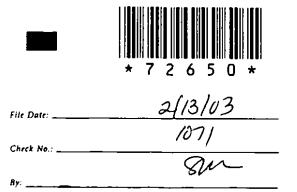
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ORM MUST BE TYTED OR I	nary 1-March 1 •	riing ree. \$30.0			ISSIRU
. Corporate ID No.	2. Name of Corpora	tion			
72650	Risurg, Inc.	·····			
. Street Address Principal Bu 1526 Atwood Ave	siness Office		City Johnston	State R1	21p 02919
. Business Phone No. 401-521-6080		5. State of Incorpora RHODE ISLA			6. SIC Code 9217
	aracter of Business Conducted in and/or operate a free st	n Rhode Island			3211
B. NAMES AND ADD resident Name Michael A. Rocchi	RESSES OF THE OFF	CERS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC Vice President Name Vincent F. Vacca, N	ES BEFORE USING ATTAC	CHMENTS
treet Address 1524 Atwood Avci	nue		Street Address 1524 Atwood Avon	ue	
Johnston	State R1	Zip 02919	City Johnston	State RI	<i>zip</i> 02919
ecretary Name Michael A. Rocchi	o, M.D.		Treasurer Name Robert Buonanno, l	M.D.	·· · · · · · · · · · · · · · · · · · ·
freet Address 1524 Atwood Ave	nue		Street Address 1524 Atwood Aven	ue	
Johnston Johnston	^{Sta} Ri	² 62919	CityOhnston	State RI	21p 02919
D. NAMES AND ADD Director Name Michael A. Rocchi	RESSES OF THE DIR	ECTORS ("x" box for	ATTACHMENT) FILL IN SPA Director Name Robert Buonanno, N	ACES BEFORE USING ATTA	ACHMENTS
treet Address 1524 Atwood Ave	nue		Street Address 1524 Atwood Aven	uc	
City Johnston	State RJ	21p 02919	City Johnston	State R1	Zip 02919
Vincent F. Vacca,	M.D.		Director Name	••••••••	• • • • • • • • • • • • •
treet Address 1524 Atwood Ave	nue		Street Address		
Johnston Johnston	State Ri	^z 182919	City	State	Zip
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O. SHARES AUTHOF OUTHORIZED SHARES			ESSUED SHARES		

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

Title of Officer

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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.

R	2111/07
Signature of Officer	ate
Michael A. Rocchio	M D
Print or Type Name of Officer	
PRACIONAT	

Form 630 12102



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

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DI FASI INVIRU	TIONS

Filing Period: Janua	iry 1–March 1	• Filing Fee: \$50.0	00		ENSTRUCTI
FORM MUST BE TYPED IN	BLACK)				
Corporate ID No.	2. Name of Cor	poration	······································		
72650 . Street Address Principal Busin 1524 Atwood Avenue	ness Office	g, Inc	City	State RI	<i>zip</i> 02919
Business Phone No. 401-521-6080	يعتب ما يوسيه موروب	5. State of Incorpora	sland		6. SIC Code
Brief Description of the Chare To construct, own and		ted in Rhode Island anding ambulatory surgery			
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reet Address			Street Address	i.D	
1524 Atwood Avenue			1524 Atwood Avenu	ie	
lty	State	Zip	City	•	Zip
Johnston	RI	02919	Johnston	RI	02919
recetary Name Michael A. Rocchio, letet Address			•	1.D	, , , <u>u</u>
1524 Atwood Avenue			1524 Atwood Avenu		
Johnston	State RI	2ip 02919	City Johnston	State Ri	029 i 9
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1524 Atwood Avenue	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston Director Name	RI	02919
Vincent F. Vacca, M.	D				
treet Address 1524 Atwood Avenue	· · · · · ·	·	Street Address		
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600 shs no par value			450.00	Common Stock	No Par
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his report must be sl	igned in ink by	either the President, \	Vice President, Secretary,	Assistant Secretary, Treas	urer, Receiver or Tru
•					

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.

50° H9 eo 4 SECRETARY OF STATE OVER JAMES BIV. Check No.: RECEIVED

FOR SECRETARY OF STATE USE ONLY



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SECRETARY OF STATE

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Check No.

FOR SECRETARY OF STATE USE ONLY

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

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.

Title of Officer

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

2. Name of Corporation 72650 Risurg, Inc. 3. Street Address Principal Business Office zip 02919 City State 1524 Atwood Avenue RΙ Johnston 4. Business Phone No 5. State of Incorporation 6. SIC Code 401-521-6080 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island To construct, own and/or operate a free standing ambulatory surgery center 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael A. Rocchio, M.D. Vincent F. Vacca, M.D. Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City State Zip State Zip Johnston RI 02919 RI 02919 **Johnston** Secretary Name Treasurer Name Michael A. Rocchio, M.D. Robert Buonanno, M.D. Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City City State 02919 Johnston Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Michael A. Rocchio, M.D. Robert Buonanno, M.D. Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City State Zip City Zip Johnston RΙ 02919 02919 Johnston Director Name Director Name Vincent F. Vacca, M.D. Street Address Street Address 1524 Atwood Avenue City State City State ZIP Zip 02919 Johnston R۱ 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 450.00 Common Stock No Par 600 shs no par value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



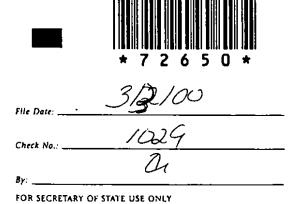
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 19 2650 3. Street Address Principal Business Office City State 1524 Atwood Avenue Johnston RI02919 4. Business Phone No. S Siete of incorporation RHODE ISLAND 6. 815 691 (401) 521-6080 7. Brief Description of the Character of Business Conducted in Rhode Island To construct, own and/or operate a free standing ambulatory surgery center 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael A. Rocchio Vincent F. Vacca Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City 02919 Johnston 02919 Johnston RI Secretary Name Treasurer Name Michael A. Rocchio A. Robert Buonanno Street Address 1524 Atwood Avenue 1524 Atwood Avenue City Johnston RI 02919 02919 Johnston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Director Name** Director Name Michael A. Rocchio A. Robert Buonanno Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City ZID CITY State Johnston 02919 02919 Johnston RΙ Director Name Director Name Vincent F. Vacca None Street Address Street Address 1524 Atwood Avenue State City CIN State Zip 02919 , Johnston RI 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 SHS NO PAR VALUE 450 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.

Signature of Officer

Date

Michael A. Rocchio

Print or Type Name of Officer

President

Title of Officer



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

401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

s Conducted In	ion g, Inc. 5. State of Incorporation Rhode Islan	ciry Johnston	State R I	Zip 02919
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		d		9217
/OL ODE		addag ambulatagu au	racru contor oni	i all athorlassful
	CERS ("X" BOX FOR ATTA	nding ambulatory su	business	
THE OTTI	CURS (A BOX FOX ATTA	Vice President Name	55.25.5	P P
		Vincent F. Vac	ca	
		Street Address		
		1524 Atwood Av	enue	
	Zip	City	State	Zip
RI	02919	Johnston	RI	02919
		Treasurer Name		
		A. Robert Buon Street Address	anno	
	Zip	1524 Atwood Av	enue State	Zip
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		1524 Atwood Av	enue	
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	•	Street Address		
	ZIP	City	State	ZIp
RI	02919			·
OX FOR ATTA	CHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMEN	T) '.
/Series	Par Value	Number of Shares	Class/Series	Par Value
		450	Common	no par value
•	RI RI	RI 02919 RI 02919 THE DIRECTORS (*x* BOX FOR AT Zip RI 02919 RI 02919 OX FOR ATTACHMENT)	Street Address 1524 Atwood Av Zip City RI 02919 Johnston Treasurer Name A. Robert Buon Street Address 1524 Atwood Av City RI 02919 Johnston THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Vincent F. Vac Street Address 1524 Atwood Av City RI 02919 Johnston Director Name Vincent F. Vac Street Address 1524 Atwood Av City RI 02919 Johnston Director Name Street Address Zip City RI 02919 OX FOR ATTACHMENT) 11. SHARES ISSUED (ISSUED SHARES //Series Par Value Number of Shares	Street Address 1524 Atwood Avenue Zip City State RI 02919 Johnston RI Treasurer Name A. Robert Buonanno Street Address 1524 Atwood Avenue City State RI 02919 Johnston RI THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Vincent F. Vacca Street Address 1524 Atwood Avenue City State RI 02919 Johnston RI Director Name Vincent F. Vacca Street Address 1524 Atwood Avenue City State RI 02919 Johnston RI Director Name Street Address 2tp City State RI 02919 OX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT ISSUED SHARES Number of Shares Class/Series

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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 Date

Michael A. Rocchio Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP.
PITASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK	ย				
1. Corporate ID No.	2. Name of Corporation				
72650	Risurg, inc			-,	
3. Street Address Principal Business Of	fice	•	City	State	Zip
1524 Atwood Avenu	e	· · · · · · · · · · · · · · · · · · ·	Johnston	RI	02919
4. Business Phone No.	•	S. State of Incorporation	·		6. SIC Code
and the second of the second o		RHODE ISLAND			9217
7. Brief Description of the Character of		(
to construct, own a	nd/or_operate	a free standing	ambulatory surgery	center and all	other lawful
8. NAMES AND ADDRESSE President Name	S_OF_THE_OFFICE		Vice President Name	business_purpose	!\$
Michael A. Rocchio		;	Vincent FVacca	3	
Street Address			Street Address		
1524 Atwood Avenue			1524_Atwood_Avei	nue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		j
Michael A. Rocchio_		. 	A. Robert Buona	nno	
Street Address			Street Address		
1524 Atwood Avenue	·—		1524 Atwood Ave	nue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) 🖸 🤄		
Michael A. Rocchi	o de la constante de la consta	The was in the state of	Director Name Vincent P. Vacc		a, .e4
Street Address			Street Address		
1524 Atwood Avenue	e		1524 Atwood Ave	nue	
City	State	Zip	Clry	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Director Name			Director Name		
_A: Robert Buonanne	0		· •		
Street Address	_		. Street Address		
1524 Atwood Avenue			<u>: </u>		
	'State RI	02919	City	State	Zip
Johnston			<u>: </u>		
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT) Q	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	······································
AUTHORIZED SHARES			ESUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VAL	_UE		450	Common	no_par_value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Ву:	101/1
·	RY 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.

V (_____

Michael A. Rocchio

Print or Type Name of Officer

President

Signature of Officer

Title of Officer



Date



james R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 72650 Risurg, Inc. 3. Street Address Principal Business Office 02919 1524 Atwood Avenue Johnston 4. Business Phone No. 6. SIC Code 401 521-6080 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island To construct, own and/or operate a free standing ambulatory surgery center 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michael A. Rocchio Vincent F. Vacca Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City State City ZIP State 02919 02919 Johnston RI Johnston Treasurer Name Secretary Name Michael A. Rocchio A. Robert Buonanno Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue State Zio City State 02919 02919 RI RI Johnston Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name A. Robert Buonanno Michael A. Rocchio Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue State City State 02919 02919 Johnston Johnston Director Name Director Name Vincent_F._Vacca_ None Street Address 1524 Atwood Avenue City City State Zip State 210 02919 RΙ Johnston 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Class/Series Number of Shares Class/Series **600 SHS NO PAR VALUE** 450 common no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	**************************************	···· - - · · · · · · · · · · · · · · · · · · ·	
72650	Risure	, Inc.			
STREET ADDRESS PRINCIPAL BUSINESS OF	1	77 1110.	ary	STATE	ZIP CODE
1524 Atwood Ave	enue		Johnston	RI	02919
BUSINESS PHONE NO. 5. STATE OF INCORPORATION RHODE ISI			SLAND		6.5c.coo≥ 9217
o construct, own			ing ambulatory sur	gery center	
ESIDENT HAME		MES AND ADDR	ESSES OF THE OF	FICERS	
Michael A. Rocc	:hio		Vincent F. Vacca	3	
reet address 1524 Atwood Ave			STREET ADDRESS 1524 Atwood Aver	nue	
Johnston	RI RI	27° ασε 02919	Johnston	STATE RI	22° 000€ 02919
Michael A. Rocchio			A. Robert Buonai		
1524 Atwood Ave			1524 Atwood Aver	nue	
Johnston	STATE RI	02919	Johnston	STATE RI	29 000€ 02919
Michael A. Rocc IRECTADORESS 1524 Atwood Ave			Vincent F. Vac		
Johnston	STATE RI	21° ασκ 02919	Johnston	STATE RI	23° 000€ 02919
RECTOR NAME A. Robert Buona	nno		DIRECTOR NAME		
TREET ADDRESS 1524 Atwood Ave	enue		STREET ADDRESS		
y Johnston	STATE RI	ರ್ಡಾಯ0 02919	an	STATE	- 120 CODE
	1 0 . S Authorized Shares	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	
MUNGER OF SHARES	CLASS / SERIES	PAR YALUE	NUMBER OF SHARES	QLASS / SERIES	PAR VALUE
600 SHS NO PAR VALUE		450	Common	No Par Valu	
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D-o-			GNED IN INK by either the stant Secretary, Treasurer,		
	SIGELL VICE FIRSIO	ent. decretary, ASSIS	saur secretary. Ireasurer	. neceiver of Iniste	H

File Date: Check No:

For Secretary of State Use Only

Ву:

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

RISURG, Inc.

Signature of Officer

Michael A. Rocchio

Print or Type Name of Officer President

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0072650 Corporate ID:	DD OR THE	Annual Report for the	1995	
Risurg, Inc.		Annual Report for the y	car.	AC-4
Name of Corporation: Business entity organized under the laws of the State of: _Rhod For foreign entity, address and telephone number of principal offi _n/a	īce:		heck one): oration (See RIGL Chapter 7-1 rvice Corporation (See RIGL	
Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):1524_Atwood_Ave		<u>To construc</u> free-standi	e character of business conduct, own and/or oper ng ambulatory surg other lawful purp	ate a ery center
Phone: (401) 521-6080				
THE	NAMES OF TH	HE OFFICERS ARE:	· -	
PRESIDENT	STREET ADD		CHYSTATE	ZIPCODE
Michael A. Rocchio, 1524 Atwood Ave.	Johnstor	n. Rhode Island	02919 CITY/STATE	NP CODE
Vincent F. Vacca. 1524 Atwood Ave			02919	MACOLE
Vincent F. Vacca, 1524 Atwood Ave., SECRETARY	STREET ADI	Rhode Island PRESS	CHYSTATE	ZIP CODE
Michael A. Rocchio. 1524 Atwood Ave., TREASURER	Johnston	Rhode Island	02919 CITY/STATE	2IP CODE
A. Robert Buonanno, 1524 Atwood Ave.,		, Rhode Island	02919	ZIF C.ODE
THE N	AMES OF TH	E DIRECTORS ARE:		
NAME	STREET ADD		CITY/STATE	ZJP CODE
Michael A. Rocchio, 1524 Atwood Ave.,	Johnston STREET ADI	<u>, Rhode Island</u> DRESS	02919 CITY/STATE	ZIP CODE
Vincent F. Vacca, 1524 Atwood Aye.,	Johnston,	Rhode Island O	2919	
	STREET ADD		CITY/STATE	AP CODE
A. Robert Buonanno, 1524 Atwood Ave.,	<u>Johnston</u>	-	02919_	
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES IS	SSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 600 Class / Series Common		Number of Shares 450 issued	Class / Series Common	
Date <u>March 7</u> . 19.95	By: Mi	chael A. Rocchic		
Form 31 1/95	TITLE OF OF	FICER SIGNING		
DESIGNATED REGI	ISTERED AGI	ENT FOR SERVICE O	OF PROCESS:	<u></u>
PLEASE NOTE: If the registered office and/or registered agen			L - 61- 4	

MICHAEL A. ROCCHIO 1524 ATWOOD AVENUE JOHNSTON RI 02919 FILED MAR 13 1995

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PLEASE TYPE or PRINT

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations \$50 Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

Providence, Rhode Isla 401-277-3	1994		
0072650 An	nual Report for the year:		
orporate ID:	Risurg, Inc.		
ame of Business Entity:			
Susiness entity organized under the laws of the State of: Rhode Island Gederal Taxpayer Identification Number:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)		
For foreign entity, address and telephone number of principal office: n/a	Name, title and mailing address of contact person to whom communications may be directed: Dr. Michael A. Rocchio, President		
Phone: ()	1524 Atwood Avenue Johnston, RI 02919		
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 1524 Atwood Avenue Johnston, RI 02919	Brief statement of the character of business conducted in Rhode Island: To construct, own and/or operate a free standing ambulatory surgery center and for any other lawful purpose. Date of Organization: May 28, 1993		
Phone: (401) 521-6080	Date of Organization:		
THE NAMES OF T	HE OFFICERS ARE: CITY/STATE DRESS DT 02919		
Michael A. Rocchio, 1524 Atwood Avenue,	Johnston, AT OZJIJ ZIPCODE		
Vincent F. Vacca, 1524 Atwood Avenue; or	Ohnston, RI 02919 ZIPCODE		
Vincent F. Vacca, 1524 Atwood Avenue, Journal of Chief February (Check One) City Custodian of Records of Market Art (Check One) Michael A. Rocchio, 1524 Atwood Avenue, Chief Financial Officer of Market Check One) Chief Financial Officer of Market Check One) Chief Financial Officer of Market Check One) Atwood Avenue,	DDRESS		
A. Robert Buonanno, 1524 Atwood Avenues OF T	anne CC		
NAME. Michael A. Rocchio, 1524 Atwood Avenue,	CITY/STATE.		
NAME 1524 Atwood Avenue, J	Johnston, RI 02919 ADDRESS Johnston, RI 02919		
A. Robert Buonanno, 1924 Adwood Indiana Number of Shares Authorized (If Applicable)	NUMBER OF SHARES ISSUED AND GOTON		
NUMBER 600	NUMBER 450 issued		
CLASS Common	CLASS Common SERIES		
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WITHOUT PAR	-molad a Bar		