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 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
109351	HEALTH DIRECT, INC.			
3. Street Address Principal Business Office		City	State	Zip
74 SCOTT SWAMP ROAD		FARMINGTON	CT	06034
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	DELAWARE			

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

TO ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT AND REHABILITATION

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

President Name			Vice President Name		
WILLIAM J. PACKER			KENNETH V. HARKINS		
Street Address			Street Address		
74 SCOTT SWAMP ROAD			175 WATER STREET		
City	State	Zip	City	State	Zip
FARMINGTON	CT	06034	NEW YORK	NY	10038
Secretary Name			Treasurer Name		
ELIZABETH M. TUCK			STEVEN J. BENSINGER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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

Director Name			Director Name		
KENNETH V. HARKINS			KRISTIAN P. MOOR		
Street Address			Street Address		
175 WATER STREET			175 WATER STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10038	NEW YORK	NY	10038
Director Name			Director Name		
ROBERT P. JACOBSON			THOMAS R. TIZZIO		
Street Address			Street Address		
175 WATER STREET			175 WATER STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10038	NEW YORK	NY	10038

RECEIVED
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CORPORATIONS
04 APR -1 P12:58

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
2,000,000	COMMON	.01	1,000	COMMON	.01
1,000,000	PREFERRED	.01	ZERO	PREFERRED	.01

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

[redacted] [redacted]

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.

Elizabeth M Tuck MARCH 17, 2005
Signature of Officer *Date*

ELIZABETH M. TUCK
Print or Type Name of Officer

SECRETARY
Title of Officer

[redacted]

File Date FILED
Check No. APR 04 2005
By: By
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Form 630 12/01

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 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
109351	HEALTH DIRECT, INC.			
3. Street Address Principal Business Office		City	State	Zip
74 SCOTT SWAMP ROAD		FARMINGTON	CT	06034
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	DELAWARE			

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

TO ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT AND REHABILITATION

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

President Name			Vice President Name		
WILLIAM J. PACKER			TERRI D. AUSTIN		
Street Address			Street Address		
74 SCOTT SWAMP ROAD			70 PINE STREET		
City	State	Zip	City	State	Zip
FARMINGTON	CT	06034	NEW YORK	NY	10270
Secretary Name			**Treasurer Name**		
ELIZABETH M. TUCK			STEVEN J. BENSINGER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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

Director Name			Director Name		
KENNETH V. HARKINS			KRISTIAN P. MOOR		
Street Address			Street Address		
175 WATER STREET			175 WATER STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10038	NEW YORK	NY	10038
Director Name			Director Name		
ROBERT P. JACOBSON			THOMAS R. TIZZIO		
Street Address			Street Address		
175 WATER STREET			175 WATER STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10038	NEW YORK	NY	10038

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*
2,000,000	COMMON	.01	1,000	COMMON	.01
1,000,000	PREFERRED	.01	ZERO	PREFERRED	.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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SECRETARY OF STATE
CORPORATIONS DIV
05 APR -6 PM 12:38

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[redacted]

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.

Elizabeth M. Tuck — MARCH 17, 2005
Signature of Officer — *Date*

ELIZABETH M. TUCK
Print or Type Name of Officer

SECRETARY
Title of Officer

[redacted]

File Date FILED
Check No. APR 04 2005 62225
By: BY
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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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
109351	HEALTH DIRECT, INC.			
3. Street Address Principal Business Office		City	State	Zip
74 SCOTT SWAMP ROAD		FARMINGTON	CT	06034
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	DELAWARE			

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

TO ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT AND REHABILITATION

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

President Name			Vice President Name		
WILLIAM J. PACKER			TERRI D. AUSTIN		
Street Address			Street Address		
74 SCOTT SWAMP ROAD			70 PINE STREET		
City	State	Zip	City	State	Zip
FARMINGTON	CT	06034	NEW YORK	NY	10270
Secretary Name			**Treasurer Name**		
ELIZABETH M. TUCK			STEVEN J. BENSINGER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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

Director Name			Director Name		
ANTHONY J. GALIOTO			ROBERT M. SANDLER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270
Director Name			Director Name		
EDWARD E. MATTHEWS			HOWARD I. SMITH		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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*
2,000,000	COMMON	.01	1,000	COMMON	.01
1,000,000	PREFERRED	.01	ZERO	PREFERRED	.01

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

[redacted] [redacted]

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*: MARCH 17, 2005

ELIZABETH M. TUCK
Print or Type Name of Officer

SECRETARY
Title of Officer

[redacted]

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File Date
APR 04 2005
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By: By
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CORPORATION DIV

Form 630 12/01

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.	2. Name of Corporation			
109351	HEALTH DIRECT, INC.			
3. Street Address Principal Business Office		City	State	Zip
74 SCOTT SWAMP ROAD		FARMINGTON	CT	06034
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	DELAWARE			

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

TO ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT AND REHABILITATION

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

President Name			Vice President Name		
WILLIAM J. PACKER			TERRI D. AUSTIN		
Street Address			Street Address		
74 SCOTT SWAMP ROAD			70 PINE STREET		
City	State	Zip	City	State	Zip
FARMINGTON	CT	06034	NEW YORK	NY	10270
Secretary Name			**Treasurer Name**		
ELIZABETH M. TUCK			CAROL A. McFATE		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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

Director Name			Director Name		
ANTHONY J. GALIOTO			ROBERT M. SANDLER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270
Director Name			**Director Name**		
EDWARD E. MATTHEWS			HOWARD I. SMITH		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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*
2,000,000	COMMON	.01	1,000	COMMON	.01
1,000,000	PREFERRED	.01	ZERO	PREFERRED	.01

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

[redacted] [redacted]

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*: MARCH 17, 2005

ELIZABETH M. TUCK
Print or Type Name of Officer

SECRETARY
Title of Officer

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File Date APR 04 2005
Check No.
By
By:
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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 2001

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
109351	HEALTH DIRECT, INC.			
3. Street Address Principal Business Office		City	State	Zip
74 SCOTT SWAMP ROAD		FARMINGTON	CT	06034
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	DELAWARE			

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

TO ARRANGE FOR THE PROVISION OF MEDICAL TREATMENT AND REHABILITATION

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

President Name			Vice President Name		
WILLIAM J. PACKER			TERRI D. AUSTIN		
Street Address			Street Address		
74 SCOTT SWAMP ROAD			70 PINE STREET		
City	State	Zip	City	State	Zip
FARMINGTON	CT	06034	NEW YORK	NY	10270
Secretary Name			**Treasurer Name**		
ELIZABETH M. TUCK			CAROL A. McFATE		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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

Director Name			Director Name		
ANTHONY J. GALIOTO			ROBERT M. SANDLER		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270
Director Name			Director Name		
EDWARD E. MATTHEWS			HOWARD I. SMITH		
Street Address			Street Address		
70 PINE STREET			70 PINE STREET		
City	State	Zip	City	State	Zip
NEW YORK	NY	10270	NEW YORK	NY	10270

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SECRETARY OF STATE
CORPORATIONS DIV

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*
2,000,000	COMMON	.01	1,000	COMMON	.01
1,000,000	PREFERRED	.01	ZERO	PREFERRED	.01

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

[redacted] [redacted]

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*: MARCH 17, 2005

ELIZABETH M. TUCK
Print or Type Name of Officer

SECRETARY
Title of Officer

Form 630 12/01

File Date: FILED
Check No.: APR 04 2005
By: By [redacted] 2225
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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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 109351
2. Name of Corporation: Health Direct, Inc.
3. Street Address Principal Business Office: 74 Scott Swamp Road
City: Farmington State: CT Zip: 06034
4. Business Phone No.:
5. State of Incorporation: DELAWARE
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Health / medical services

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

President Name: William J. Packer
Street Address: 70 PINE STREET,
City: NEW YORK State: NY Zip: 10270

Vice President Name: Terri D. Austin
Street Address: 70 PINE STREET
City: NEW YORK State: NY Zip: 10270

Secretary Name: Elizabeth M. Tuck
Street Address: 70 Pine Street
City: New York State: NY Zip: 10270

Treasurer Name: Carol A. McFate
Street Address: 70 Pine Street
City: New York, State: NY Zip: 10270

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

Director Name: Anthony J. Galiolo
Street Address: 70 Pine Street
City: New York State: NY Zip: 10270

Director Name: Maurice R. Greenberg
Street Address: 70 Pine Street
City: New York State: NY Zip: 10270

Director Name: Harold S. Jacobowitz
Street Address: 70 Pine Street
City: New York State: NY Zip: 10270

Director Name: Edward E. Matthews
Street Address: 70 Pine Street
City: New York State: NY Zip: 10270

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
~~√3,000,000~~	~~$.01~~	~~PAR VALUE~~

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	0.01

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

109351

File Date: 5/8/00

Check No.: 3099246606

By: [illegible]

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.

Elizabeth M. Tuck 3-29-00
Signature of Officer *Date*

Elizabeth M. TUCK
Print or Type Name of Officer

Secretary
Title of Officer