

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 BE	LACKO	, , , , , , , , , , , , , , , , , , , ,				
1. Corporate ID No.	2. Name of Corporation					
109351 HEALTH DIRECT, INC.						
3. Street Address Principal Business Office			City	State	Zip	
74 SCOTT SWAMP ROAL			FARMINGTON	ст	06034	
4. Business Phone No.		5. State of Incorporation	11124111101011	<u> </u>	6. SIC Code	
		,			o. Sic Code	
7. Brief Description of the Charac	ter of Rusiness Conducter	DELAWARE	· · · · · · · · · · · · · · · · · · ·	<u></u> .	<u> </u>	
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8 NAMES AND ADDRESS	PROVISION OF I	MEDICAL TREATMEN	NT AND REHABILITATIO			
8. NAMES AND ADDRESS! President Name	SOF THE OFFICE.		CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACI	IMENTS	
WILLIAM J. PACKER						
Sircei Address			KENNETH V. HARKINS Street Address			
1.2.			•			
74 SCOTT SWAMP ROAD	State		175 WATER STREET	10.	Y	
,	<u> </u>	Zip	City	State	Zip	
FARMINGTON Secretary Name	ļÇŢ	06034	NEW YORK	NA] 10038	
ELIZABETH M. TUCK			•			
Street Address	·		STEVEN J. BENSINGER			
			Street Address			
70 PINE STREET	State	Zip	70 PINE STREET	le:	(m.	
NEW YORK	NY		City NODY	State	Zip	
	<u> </u>		NEW YORK	NY	10270	
9: NAMES AND ADDRESSE Director Name	S OF THE DIRECT	UKS ("X" BOX FOR ATT	ACHMENT FILL IN SPACES Director Name	S BEFORE USING ATTA	CHMENTS	
Section 1. Marie						
KENNETH V. HARKINS			KRISTIAN P. MOOR	<u> </u>		
Street Address		•	Street Address			
175 WATER STREET	,	<u> </u>	175 WATER STREET			
City	State	Zip	City	State	en CE	
NEW YORK	МХ	10038	NEW YORK	NY	₩038;Ω	
Director Name			Director Name		20 10 m	
ROBERT P. JACOBSON			THOMAS R. TIZZIO		T 825	
Street Address			Street Address			
175 WATER STREET			175 WATER STREET		2 55	
City	State	Zip	City	-	S S M	
NEW YORK	ИУ		NEW YORK	NY .	700385	
10. SHARES AUTHORIZED	Y'X" BOX FOR ATTA	CUMENT)	II. SHARES ISSUED ("X" BOX			
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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1,000,000 PI	REFERRED .	01	2ERO	PREFERRED	. 01	
			ident, Secretary, Assistant S	ecretary. Treasurer	Receiver or Trustee	
•	This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

Check No. APR 0 4 2005

By: 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.

Eliphera.	MA MARCH 17,	2005
Signature offOfficer	Date	

ELIZABETH M. TUCK Print or Type Name of Officer

SECRETARY
Title of Officer

Form 630 12/01



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 -		g Fee: \$50.00	MITON THE TE	2007	-	
(FORM MUST BE TYPED IN BL	ACK) 2. Name of Corporation	·		· ·		
1. Corporate 15 No.	· · ·					
3. Street Address Principal Busines	HEALTH DIRECT	r, INC.	City	State	T2:-	
74 SCOTT SWAMP ROAD	~		FARMINGTON		Zip	
4. Business Phone No.	<u>, </u>	5. State of Incorporation	TPARMINGTON	СТ	06034	
		1 '			6. SIC Code	
7. Brief Description of the Charact	er of Business Conducte	DELAWARE			<u> </u>	
			NT AND REHABILITATIO			
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS CON FOR ATTA		BEFORE UŞING ATTAÇ	MARIAMIC	
President Name			Vice President Name	BETOKE UŞING XI IAÇ	nmra15	
WILLIAM J. PACKER			· TERRI D. AUSTIN			
Street Address	-		Street Address			
74 SCOTT SWAMP ROAD			· 70 PINE STREET			
City	State	Zip	City	State	Zip	
FARMINGTON Secretary Name	ÇŢ	106034	NEW YORK	INY	10270	
			Treasurer Name			
ELIZABETH M. TUCK Street Address			STEVEN J. BENSINGER	<u> </u>		
			•			
70 PINE STREET	State	[Zip	· 70 PINE STREET	State	Ta-	
NEW YORK	NY	10270	. NEW YORK	NY	Zip	
9. NAMES AND ADDRESSE				S BEFORE USING ATTA	10270	
Director Name		0.00 1.00 2000	Director Name	S DEFORE COMO A) IA	CHOIDALD	
KENNETH V. HARKINS			. KRISTIAN P. MOOR			
Street Address	·- <u>·</u>		Street Address			
175 WATER STREET			.175 WATER STREET			
City	State	Zip	·City	State	Zip	
NEW YORK	NY	10038	NEW YORK	NY NY	CD 038	
Director Name			Director Name	·····	OH CH	
ROBERT P. JACOBSON			THOMAS R. TIZZIO			
Street Address			Sircei Address			
175 WATER STREET	State	17:-	.175 WATER STREET	Υ	2022(5)	
NEW YORK	NY	Zip	. *	State		
10. SHARES AUTHORIZED		10038	NEW YORK	NY	20038°C •=	
AUTHORIZED SHARES	A BOX FOR ATTA		II. SHARES ISSUED ("X" BOX ISSUED SHARES	FUR ATTACHMENT)		
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				COLLINGIA	1.01	
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This report must be signed	in ink by either th	e President, Vice Pres	sident, Secretary, Assistant S	Secretary, Treasurer,	Receiver or Trustee	
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			Hadaraaalaa Caasiaa I	aaa		
			Under penalty of perjury, I this report, including any ac			
		}	and that all statements cont			
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File Date FILED Check No. APR 0 4 2005			Clinalista hi Mil MARCH 17, 2005			
Check No. APR	0 4 2005 .		Signature of Officer Date			
<u> </u>	\ \	225	ELIZABETH M. TUC			
B_{Y} \mathbf{R}	100	<u> </u>	Print or Type Name of Officer			
FOR SECRETARY OF STATE U			SECRETARY			
			Title 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

Filing Period: Janua	ry I - March I • F	iling Fee: \$50.00		23,171			
(FORM MUST BE TYPE	D IN BLACK)	· ·					
1. Corporate ID No.	2. Name of Corpo	2. Name of Corporation					
109351	HEALTH DIE	RECT, INC.					
3. Street Address Principa	l Business Office		City	State	Zip		
74 SCOTT SWAMP	ROAD		FARMINGTON	ст	06034		
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code		
DELAWARE							
7. Brief Description of the	Character of Business Con						
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	RESSES OF THE OFF			ACES BEFORE USING ATT	ACUMENTS		
President Name	ACCOUNT THE OIL	TCEIGY (A BOATO	Vice President Name	ACES BEFORE USING ATT	VCUMENTS		
WILLIAM J. PAC	KER		· TERRI D. AUSTIN	v			
Street Address			Street Address				
74 SCOTT SWAMP	ROAD		.70 PINE STREET				
City	State	Zip	City	State	Zip		
FARMINGTON	CT	06034	NEW YORK	NY	'		
Secretary Name			Treasurer Name		J 10,270		
ELIZABETH M. T	иск		STEVEN J. BENS	INGER			
Sireci Address			* Street Address		······		
70 PINE STREET			.70 PINE STREET	· ·70 PINE STREET			
City	State	Zip	*City	State	Zip		
NEW YORK	NY	10270	NEW YORK	NY	10270		
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS (-X" BOX F	ORATTACHMENT FILL IN	SPACES BEFORE USING A	TACHMENTS		
Director Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Director Name				
ANTHONY J. GAL	τοτο		ROBERT M. SANDI	LER			
Street Address	1010		Street Address				
70 PINE STREET			70 PINE STREET				
City	State	Zip	·City	State	Zip		
NEW YORK	NY	10270		NY			
Director Name		!	NEW YORK Director Name		J 10270		
EDWARD E. MATT	นะพอ		•		SD _ S		
Street Address	nens		· HOWARD I. SMITE				
70 PINE STREET		-Sirect Address APR CORR					
City	State	Zip	City	State	P.P. Carriel		
NEW YORK	NY	10270	NEW YORK	NY	102702		
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10. SHARES AUTHO					1 2 - 2		
10. SHARES AUTHO AUTHORIZED SHARES		_	ISSUED SHARES				
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AUTHORIZED SHARES		Par Value		Class/Series COMMON			
AUTHORIZED SHARES Number of Shares	Class/Series	-	Number of Shares		Near Values		

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.

File Date

Check No. APR 0 4 2005

Check No. By APR 0 4 2005

ELIZABETH M. TUCK

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

SECRETARY Title of Officer

Form 630 12/01



FOR SECRETARY OF STATE US ONLY

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

(FORM MUST BE TYP						
1. Carporate ID No.	2. Name of Carp	2. Name of Carporation				
109351	HEALTH DI	RECT, INC.				
3. Street Address Princip	pal Business Office		City	State	Zip	
74 SCOTT SWAM	IP ROAD		FARMINGTON	ст	06034	
4. Business Phone No. State of Incorporation			tion		6. SIC Code	
		DELAWARE				
7. Brief Description of t	he Character of Business Co			· · · · · · · · · · · · · · · · · · ·		
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		FICERS ("X" BOX FOR		ACES BEFORE USING ATTA	CHMENTE	
President Name	7212CCCQ 01 1112 01	TICERO I A BOATON	Vice President Name	ACIES BEFORE USING ATTA	CHARAIS	
WILLIAM J. PA	CKER		· TERRI D. AUSTIN	1		
Street Address			Sireet Address	····································		
74 SCOTT SWAM	P ROAD		· 70 PINE STREET			
City	State	Zip	City	State	Zip	
FARMINGTON Secretary Name	ļçī	06034	NEW YORK	NY	10270	
ELIZABETH M.	TUCK		CAROL A. MCFATE	3		
Street Address			· Street Address			
70 PINE STREE	Т		·70 PINE STREET			
City	State	Zip	City	State	Zip	
NEW YORK	NY	10270	NEW YORK	NY	10270	
	DRESSES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT FILL, IN	SPACES BEFORE USING ATT	ACHMENTS	
Director Name			Director Name			
ANTHONY J. GA	TOTO		*	.FR		
	L1010		, ROBERT M. SANDI	7 L 1		
Street Address	1010	, = =======	- Street Address	7.C.K		
Street Address				751		
		Zip	Street Address	State	Zip	
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Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E. MAT Street Address 70 PINE STREE	T State NY THEWS	10270	Street Address . 70 PINE STREET City . NEW YORK Director Name . HOWARD I. SMITH Street Address . 70 PINE STREET	State NY	SECRETION SECRET	
Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E MAT Street Address 70 PINE STREE City	T State NY THEWS	10270	Street Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Street Address . 70 PINE STREET . City	State NY	SECRETION SECRET	
Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E MAT Street Address 70 PINE STREE City NEW YORK	State NY THEWS T State NY NY NY NY	Zip 10270	Street Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Street Address . 70 PINE STREET . City . NEW YORK	State NY State NY	SECRETARIO	
Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E. MAT Street Address 70 PINE STREE City NEW YORK 10. SHARES AUTH	State NY THEWS T State NY IORIZED ("X" BOX FOR	Zip 10270	Street Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Street Address . 70 PINE STREET . City . NEW YORK . 11. SHARES ISSUED (**)	State NY State	SECRETARY FOR SE	
Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E. MAT Street Address 70 PINE STREE City NEW YORK 10. SHARES AUTH AUTHORIZED SHARE	State NY THEWS T State NY IORIZED ("X" BOX FOR	10270 Zip 10270 RATTACHMENT)	Sircet Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Sircet Address . 70 PINE STREET . City . NEW YORK . 11. SHARES ISSUED (*)	State NY State NY State NY *** BOX FOR ATTACHMENT)	SECRETARY FS CORPCIATIONS	
Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E. MAT Street Address 70 PINE STREE City NEW YORK 10. SHARES AUTH	State NY THEWS T State NY IORIZED ("X" BOX FOR	Zip 10270	Street Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Street Address . 70 PINE STREET . City . NEW YORK . 11. SHARES ISSUED (**)	State NY State NY	SECONDE SECOND	
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Street Address 70 PINE STREE City NEW YORK Director Name EDWARD E. MAT Street Address 70 PINE STREE City NEW YORK 10. SHARES AUTH AUTHORIZED SHARE Number of Shares	T State NY THEWS T State NY TORIZED ("X" BOX FORES Class/Series	Zip 10270 RATTACHMENT)	Street Address . 70 PINE STREET . City . NEW YORK . Director Name . HOWARD I. SMITH . Street Address . 70 PINE STREET . City . NEW YORK . 11. SHARES ISSUED (** . ISSUED SHARES . Number of Shares	State NY State NY State NY **BOX FOR ATTACHMENT) Class/Series	SECRETARY FER TAILED TO SECRETARY FER TAILED TO SECRETARY FER TAILED TO SECRETARY FOR TAILED TO SECRET	

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. File Date APR 04 2005 MARCH 17, Date Check No. ELIZABETH M. TUCK Print or Type Name of Officer

SECRETARY
Title of Officer

Form 630 12/01



Edward S. Inman, 111, 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 2001

Filing Period: January 1 -	March I • Fili	ng Fee: \$50.00			_	
(FORM MUST BE TYPED IN BI	LACK)	•				
1. Corporate ID No.	2. Name of Corporation					
109351	HEALTH DIRECT, INC.					
3. Street Address Principal Busine	_		City	State	Zip	
74 SCOTT SWAMP ROAD			FARMINGTON	СТ	06034	
4. Business Phone No.	-	5. State of Incorporation		101	6. SIC Code	
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7. Brief Description of the Charac	ver of Rusiness Conduc	DELAWARE		···-		
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			ENT AND REHABILITATI			
8. NAMES AND ADDRESS! President Name	ES OF THE OFFIC	ERS_("X" BOX FOR AT		S BEFORE USING ATTA	CHMENTS	
			Vice President Name			
WILLIAM J. PACKER Sircei Address	·	···	· TERRI D. AUSTIN			
			Street Address			
74 SCOTT SWAMP ROAL		4.5	· 70 PINE STREET			
City	State	Zip	City	State	Zip	
FARMINGTON	ļ ct	06034	NEW YORK	, l'ny	, 10,270	
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 ADDRESS	<u> </u>			ES BEFORE USING ATT		
Director Name	is of the pinter	TOTAL J. A. DONTONA	Director Name	is his via, valvo (tr	<u> </u>	
ANTHONY J. GALIOTO	_		ROBERT M. SANDLER			
Street Address		· ·	Street Address		20 (20)(1)	
70 PINE STREET			.70 PINE STREET		上一場違う	
City	State	Zip	·City	State	Zip —I—	
NEW YORK	NY	10270	NEW YORK	ИУ	3000	
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name			
EDWARD E. MATTHEWS			. HOWARD I. SMITH		20.51 0.51 0.51 0.51	
Street Address			Street Address			
70 PINE STREET			.70 PINE STREET			
City	State	Zip	.Ciry	State	Zip .	
NEW YORK	NY	10270	NEW YORK	NY	10270	
10. SHARES AUTHORIZE			11. SHARES ISSUED ("X" BO		10270	
AUTHORIZED SHARES	b A. BOXTONAL.	(ACBINE)	ISSUED SHARES	A PORALIACIONENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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	REFERRED	.01	ZERO	PREFERRED	.01	
			resident, Secretary, Assistan		1.02	

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

401-222-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Health Direct, Inc. Street Address Principal Business Office Farmington 7. Brief Description of the Character of Business Conducted in Rhode Island
Heauth/Wedical Services
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS illiam J. Packer Street Address 70 Pine Street PIN YORK, Orb NI 10270 NE FILL IN SPACES BEFORE USING ATTACHMENTS Anthony J. Galiobo Maurice R. Greenberg 70 Pine Street state ľИ 10270 E. Matthews S. Jacobowitz 10270 10270 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 3,000,000 \$-01 PAR VALUE 1000 Complon 0.01

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

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File Date:	518/00
Check No.:	30992466
Ву:	2.
FOR SECRETARY	OF STATE USE ONLY

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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.

Elizbech	M. mel	, 3-29-00
Signature of Officie	,	Date
Flidabeth	m 7710	\sim

Elizabeth m. TUCK Print or Type Name of Officer

Secretary

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