

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

| Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN | arch 1 • Filli | ng Fee: \$50.00 | | K 2000 | |
|---|------------------------------------|---------------------------|--|--|-----------------------------|
| 1. Corporate ID No. 1052 | 2. Name of Corporation ANESTHESION | | | . . | |
| 3. Street Address Principal Business C 173 WATERMAN | fice | | PROVIDENCE | State RI | 7.ip O a 906 |
| 4. Business Phone No. | - | 5. State of Incorporation | 17 | | 6. SIC Code |
| <u>401- 274- 811</u> | | RHODE ISLAND | <u>. </u> | | 9217 |
| 7. Brief Description of the Character of PRACTICING ANESTHE | of Business Conducted in | Rhode Island | F ANESTHESIA FOR OB/GYN | I SERVICES | |
| 8. NAMES AND ADDRESSES President Name | | | | SPACES BEFORE USING | ATTACHMENTS |
| KUE C. CHOI, | MD | | BRUCE WI | NTER, MD | |
| Sinvi Address ONE LONGFELLOW | PLACE APT | 321 | Sircel Address 285 STONE | • | |
| BOSTON | State A | ²⁴⁹ 02114 | City TIYERTON | State RI | 02878 |
| Secretary Name ELIZABETH & | AMBLE N | $n_{\mathcal{D}}$ | Treasurer Name ROBERT CO | HEN, DO | |
| Since Address 16 ELIZABETH | y | | Sirvet Address Q4 BUL013 | | |
| LINCOLN | State RI | 2ip 02865 | JAMESTOWN | State RI | <i>7φ</i> 0 2 835 |
| 9. NAMES AND ADDRESSES Director Name | OF THE DIRECTO | RS: ("X" BOX FOR A | . • <u>.</u> | SPACES BEFORE USING | |
| Street Address | | | Street Address | | |
| City | State | Zip | Clty | State | Zip |
| Director Name | . J | J | Director Name | | |
| Street Address | <u>-</u> | " | Sirret Address | . | - |
| Cav | State | Zip | City | State | ZIP |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | (*X* BOX FOR AT | TACHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACH | ENT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,920 NO PAR VALUE | | | 1280 | COMMON | NPV |
| | | | | | |
| This report must be: | signed in ink by cit | ther the President, Vice | President, Secretary, Assista | nt Secretary, Treasurer, R | .ccciver or Trustee |
| | | | | jury, I declare and affirm tha | |
| File Date 1 26 | 05 | | contained herein are | panying schedules and state true and correct. | 1/21/2005 |
| Check No | 10 | | KUE C. C | CHOI | |
| By: | <u></u> | . | Print or Type Name of PRESIDE 1 | ~ | |
| FOR SECRETARY OF ST | ATE USE ONLY | | Title of Officer | V / | . |



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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| . Corporate ID No. | 2. Name of Corporation | | | | |
|--|---|--|---|--|--|
| 1052 | ANESTHESIO | LOGY, INC. | | | |
| Street Address Principal Bush 173 WATEN | | | FROVIDENCE | State RI | 09906 |
| Business Phone No | | 5. State of Incorporation | | | 6. SIC Code |
| 401.274-8 | | RHODE ISLAND | | | 9217 |
| Brief Description of the Chara PRACTICING ANES | icier of Business Conducted II THESIOLOGISTS FOR 1 | n Rhode Island THE ADMINISTRATION O | F ANESTHESIA FOR OB/GYN SE | RVICES. | |
| | | S: ("X" BOX FOR ATT | | CES BEFORE USING | ATTACHMENTS |
| resident Name | | •, •, •, •, •, •, • | Vice President Name | | |
| KUE (| CHOI, MD | | BRUCE WI | NTER, M | <u> </u> |
| irrei Address | |) T | Street Address 285 STONE | CHURCH A | R X |
| NE LONGFELLO | State | | | | |
| BOSTON | State MA | Zip 02114 | CITY ERTON | State RI | 210 9 8 28 |
| ecretary Name | ~ | | Treasurer Name | | *** |
| | TH GAMBLE | , MD | ROBERT CO | HEN, DO | <u> </u> |
| ireci Address 16 ELIZI | ABETH DRIVE | ξ | Street Address 24 BUL01D | AVE | |
| L/NCOLN | State RI | Zup 02865 | JAMESTOWN | State RJ | 09832 |
| | I | | TACHMENT) FILL IN SP | • - | 1, 7, 7, 7 |
| . NAMES AND ADDRES Frector Name | DES OF THE DIRECTO | JRB: (A BUX FUK Al | TACHMENT) FILL IN SP | VCES BELOKE OSIN | G WITYCHWENIS |
| | | | • | | |
| ireet Address | | · | Sircet Address | | |
| | | | | | |
| My | State | Z(p | City | State | Zip |
| Hrector Name | J | J | Director Name | .l | |
| - 2 - | | | | | |
| Street Address | | | Sireei Address | | |
| City . | State | Ζψ | City | State | Zip |
| • | | | Í | | [] |
| A CHARES AUTHORIS | ED ("X" BOX FOR A | TTACHMENT) | 11. SHARES ISSUED ("X" | BOX FOR ATTACH | MENT) 📋 |
| U. SHARES AUTHORIZ | | | ISSUED SHARES | T 27 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | nuc Veter |
| UTHORIZED SHARES | | | Number of Shares | Class/Series | Par Value |
| AUTHORIZED SHARES | Class/Series | Par Value | | | Ī |
| UTHORIZED SHARES | Class/Series | Par Value | 1980 | COMMON | NPY |
| SUTHORIZED SHARES Sumber of Shares | Class/Series | Par Value | | Common | NPY |
| NUTHORIZED SHARES Number of Shares | Class/Series | Par Valuç | | Common | NPY |
| Sumber of Shares 1,920 NO PAR VALUE | | | | | |
| NUMBER OF SHARES 1,920 NO PAR VALUE | | | /280 | | |
| NUTHORIZED SHARES Number of Shares 1,920 NO PAR VALUE | | | /280 | | |
| UTHORIZED SHARES Sumber of Shares 1,920 NO PAR VALUE | | | /280 President, Secretary, Assistant S | Secretary, Treasurer, F | Receiver or Trustee |
| Sumber of Shares 1,920 NO PAR VALUE | | | / 280 President, Secretary, Assistant S Under penalty of perjury | Secretary, Treasurer, F | Receiver or Trustee |
| Sumber of Shares 1,920 NO PAR VALUE | | | / Q & O President, Secretary, Assistant S Under penalty of perjury including any accompan | Secretary, Treasurer, F | Receiver or Trustee |
| UTHORIZED SHARES fumilizer of Shares 1,920 NO PAR VALUE This report mus | | | / 280 President, Secretary, Assistant S Under penalty of perjury | Secretary, Treasurer, F | Receiver or Trustee |
| UTHORIZED SHARES Juniber of Shares 1,920 NO PAR VALUE This report mus | | | Under penalty of perjury including any accompan | Secretary, Treasurer, F | Receiver or Trustee |
| This report mus | | | Under penalty of perjury including any accompancentained herein are true. | ecretary, Treasurer, For a declare and affirm the ying schedules and state and correct. | at I have examined this ements, and that all state |
| UTHORIZED SHARES 'uniber of Shares 1,920 NO PAR VALUE | | | Under penalty of perjury including any accompan | Secretary, Treasurer, F r, I declare and affirm the ying schedules and state and correct. | at I have examined this ements, and that all state |

Title of Officer



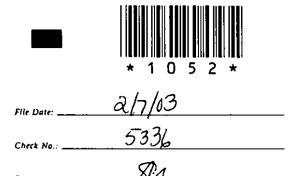
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP
PLEASE READ
INSTRUCTIONS

| FORM MUST BE TYPED OR PRINT | ED IN BLACK) | | | | |
|--|------------------------|--|---------------------------------------|-----------------------|----------------------------|
| 1. Carparate ID No. | 2. Name of Corporation | | | | |
| 1052 | ANESTHESIOLO | GY, INC. | | | |
| 3. Street Address Principal Business 173 WATGR N | | | PROVIDENCE | R. I. | 02906 |
| 401 - 274 | _ | S. State of Incorporation RHODE ISLAND | | | 6. SIC Code 9217 |
| 7. Brief Description of the Character ANESTHESTA (HE R. NAMUS AND ADDRES | EALTH , M&DIG | al, surgical | CALE MENT) FILL IN SPACES BE | SEODE LISING ATTACK | IMENTS |
| President Name KWE C | | RS (A BOX FOR ATTACA | Vice President Name BRUCE (| | IME(413 |
| Street Address 773 WA | tTGRWAN ST | | Street Address | TERMAN ST | |
| PROVIDENCE | State R1 | 02906 | PROVIDENCE | State RJ | 02906 |
| Parana | ih Gamble | | Treasurer Name ROBERC | T COHEN | |
| Street Address 173 Wi | ATBRMAN S | r. | Street Address | ATERMAN OT | • |
| PROVIDENCE | State R1 | U2906 | PROVIDENCE | State R | 02906 |
| 9. NAMES AND ADDRES Director Name | SES OF THE DIRECT | ORS ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES Director Name | BEFORE USING ATTA | CHMENTS |
| itreet Address | | | Street Address | | |
| Gity , , | State | Zip | City | State | Zip |
| Director Name | • ••• | | Director Name | • | • • • • |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE AUTHORIZZO SHARES | D (*x* box for attach | IMENT) . | 11. SHARES ISSUED (*X | * BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 800 NO PAR VALUE | | | 1152 NO PAR | value | |
| 1920 | | | | | |

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



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.

Cyc. 01.31.2003

Signature of Officer Date

KUE CHUNG CHUI

KUE (HUNG CHU)
Print or Type Name of Officer

PRECIDENT

Title of Officer

5

Form 630 12/02



Edward S. Inman, III, 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 2002

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *1052* ANESTHESIOLOGY, INC. 3. Street Address Principal Business Office City Zip 173 WATERMAN STREET **PROVIDENCE** RI 02906 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012748110 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island
PRACTICING ANESTHESIOLOGISTS FOR THE ADMINISTRATION OF ANESTHESIA FOR OB/GYN SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Kue Choi, M.D. Bruce Winter, M.D. Street Address Street Address 41 Joy St. Apt. 285_Stone_Church-Road Zip City Boston Tiverton . .028.78. . eigry Name Elizabeth Gamble, M.D. Treasurer Name Robert Cohen, D.O. Street Address Street Address 16 Elizabeth Drive 24_Buloid_Ave City Zip State RI 02865 Jamestown 02835 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip ·Çity State Zip Director Name Director Name Street Address Sireet Address City State Ziρ .Cin State 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 800 NO PAR VALUE 640 Shares NPV Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| • 1 0 5 2 • | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, |
|---------------------------------|---|
| *1052 DBC7/23/021:58:19 PM* | and that all statements contained herein are true and correct. |
| Check No. 5/64 | Signature of Officer Date Kue Choi |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Officer President Tyle of Officer Form 6 |

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

1. Corporate ID No.

Check No .: .

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office

401-274-8110

173 Waterman Street
4. Business Phone No.

YUSEF BARCOHANA, MD.

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

State

that all statements contained herein are true and correct,

Title of Officer

Date

02/23/01

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

S. State of Incorporation RHODE ISLAND

Practicing Anesthesiologists for the administration of anesthesia for OB/OYN services.

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

City

Providence

Vice President Name

Street Address

STOP PLASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED IN BLACK)

2. Name of Carporation
ANESTHESIOLOGY, INC.

| 29 LINCOLN AV | VENUE | | | | |
|---------------------------------|---------------------|-------------------------|--|--|---------------------------|
| PROVIDENCE, | State RI | ^{21p} 02906 | City | State | Zip |
| ecretary Name | | | Treasurer Name | • | |
| Elizabeth Gamb Greet Address | ole, MD | | Robert Cohen | , MD. | |
| 196 Old River | Road, Unit | 717 zip | _{Clir} 24 Buloid Av | renue State | Zip |
| Lincoln | RI · | 02865 | Jamestown | RI | 02835 |
| D. NAMES AND ADDRE | SSES OF THE DIR | ECTORS ("X" BOX FOR AT | TACHMENT) FILL IN SPACES Director Name | BEFORE USING ATTA | CHMENTS |
| itreet Address | | | Street Address | • | |
| City | State | Zip | Tichy | State | Zip |
| Director Name | , | | Director Name | • • • • • • • | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | ED ("X" BOX FOR ATT | TACHMENT) | 11. SHARES ISSUED (*X | * BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 800 SHS NO PAR | VAL | | | | |
| | | | 640 Shares | Common | No Par Value |
| his report must be sig | ned in ink by cit | her the President. Vice | President, Secretary, Assist | tant Secretary Treasu | rer. Receiver or Trustee |
| | | | | , | |
| . * | 1052* | | • • • | ury, I declare and affirm any accompanying sche | dules and statements, and |



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

STOP PIL MERLAD INMELLIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

| Filing Period: Janua | ry 1-March 1 • | Filing Fee: \$50.00 | | | INSTRUCTIONS |
|------------------------------------|-------------------------------|-------------------------------|--|----------------------|-------------------------------------|
| (FORM MUST BE TYPED IN B | LACK) | | | | |
| 1. Corporate ID No. 1052 | 2. Name of Corporal ANESTHESI | tion OLOGY, INC. | | | |
| 3. Street Address Principal Busine | ess Office | | City | State | Zip |
| 173 Waterma | n Street | 5. State of Incorporation | Providence | RI | 02906 6. SIC Code 9217 |
| 401 274-8110 | | RHODE ISLAND | | | 9217 |
| | | nistrating anesthe | esia services | | |
| 8. NAMES AND ADDR | ESSES OF THE OFFI | CERS ("X" BOX FOR ATTACH | MENT) FILL IN SPACES BE Vice President Name | FORE USING ATTAC | CHMENTS |
| Yusef Barcoha | ına, MD | | Street Address | | |
| 29 Lincoln Av | venue, Provide | ence. RI 02906 | | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | ••• ••••••••• | | Treasurer Name | | |
| Elizabeth Gamble Street Address | e, MD | | Robert Cohen, MD Street Address | 1 | |
| 196 Old River Ro | ad Unit 717 | | 24 Buloid Avenue | ! | |
| City | State | Zip | City | State | Zip |
| Lincoln | RI | , 02865 | Jamestown | RI | 02835 |
| 9. NAMES AND ADDR | ESSES OF THE DIRI | ECTORS ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES | BEFORE USING ATT | ACHMENTS |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Z1p |
| Director Name | ********* | * * * *** | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | ZED (*X* BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | |
| AUTHORIZZZO SHARES | | • | ' ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 800 SHS NO PAR | VAL | | 640 shares | Common | No par value |
| This report must be significant | gned in ink by eith | ner the President, Vice I | President, Secretary, Assist | ant Secretary, Treas | urer, Receiver or Truste |
| | | | · | · | |
| | | | | | |
| * | 1 0 5 2 * | | | | m that I have examined |
| | 211.1 | | this report, including that all statements cor | - <u>-</u> | nedules and statements, and |
| File Data | 3116100 | | 11 | A | |
| File Date: | | | V M 9/1 | 00/11/1 | 3/7/00 |
| Check No.: | 3/16/00 4/305 | | Signature of Officer | 4- | bette |
| U-1101. | Ĉ. | | | | |
| D | CL | | Print of Type Name of Office | er | |

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

| 2. Name of Corporation Anesthesi fice | tology, Inc. | City Providence | State RI | zıp |
|---------------------------------------|--|--|---|---|
| Ace | · | • | | · |
| et | S. State of Incorporation | Providence | RI | 02906 |
| | | | | * 6. SIC Code |
| Business Conducted in | Rhode Islan Rhode Island | nd | | 9217 |
| | | _ | | |
| S OF THE OFFIC | ERS ("X" BOX FOR ATTACI | HMENT) X Vice President Name | | |
| M.D. | | Ramesh Gulati, Street Address | M.D. | |
| et | | as above | | |
| State | · | City | State | Zip |
| RI | 02906 | Treasurer Name | | ******* |
| M.D. | | Robert Cohen, Street Address | M.D. | |
| | | as above | | |
| State | Zip | City | State | Zip |
| | CTORS (*X* BOX FOR ATT) | ACHMENT) Director Name | | · |
| | | Street Address | • | |
| State | Zip | City | State | Zip |
| | | Director Name | | |
| | | Street Address | | |
| State | Zip | City | State | Zip |
| (*X* BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMENT | ·) - · · · |
| Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| Common | No par | 339.2 | Common | No par |
| | M.D. eet State RI , M.D. State ES OF THE DIRECT poration State State C'X* BOX FOR ATTAC Class/Series | M.D. Pet State Zip RI 02906 M.D. State Zip ES OF THE DIRECTORS (*X* BOX FOR ATT) Poration State Zip State Zip C'X* BOX FOR ATTACHMENT) Class/Series Par Value | M.D. Ramesh Gulati, Street Address as above City RI 02906 Treasurer Name Robert Cohen, Street Address as above City ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Poration Street Address State Zip City Director Name Street Address State Zip City Director Name Street Address State Zip City Director Name Street Address Number of Shares Number of Shares | W.D. Ramesh Gulati, M.D. Street Address as above City State RI 02906 Theaswer Name As above State Zip City State ROBERT Cohen, M.D. Street Address as above City State State The DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Street Address State Zip City State Director Name Street Address State Zip City State Director Name Street Address State Director Name Street Address State City State |

| | FILED |
|--------------|-----------------------|
| File Date: | |
| Check No.: _ | FEB 2 6 1999 |
| | By_ Ce 3918 |
| Ву: | <u> </u> |
| | ARY 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.

February 25, 1999 Date

Yusef Barcohana, M.D.

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

1052

Number of Shares

800 SHS

ANESTHESIOLOGY, INC.

3. Street Address Principal Business Office 173 WATERMAN STREET

PROVIDENCE

City

State

RI

Zip 02906

6. SIC Code

4. Business Phone No. 274-8110 5. State of Incorporation RHODE ISLAND

8099

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

| 8. NAMES AND ADDRES | sses of the offi | CERS ("X" BOX FOR ATTA | CHMENT) | | | |
|---------------------------------------|---------------------|------------------------|------------------------------------|------------------------|----------------------|--|
| President Name YUSEF BARCOHA | ANA, MD | | Vice President Name RAMESH GU | LATI, MD | | |
| Street Address 29 LINCOLN AVENUE | | | Street Address 120 BRISAS CIRCLE | | | |
| PROVIDENCE | State RI | ^{Zip} 02906 | City EAST GREENWIC | State TH RI | ^{Zip} 02818 | |
| Secretary Name | | • • • • • | Treasurer Name ROBERT CO | HEN, MD | • | |
| Street Address | | | Street Address 24 BULOID | AVENUE | | |
| City | State | Zip | City JAMESTOWN | State RI | zip 02835 | |
| 9. NAMES AND ADDRE Director Name | SSES OF THE DIRE | CTORS ("X" BOX FOR AT | TACHMENT) Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES | ED ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED (* ISSUED SHARES | X° BOX FOR ATTACHMENT) | 1 | |

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

Number of Shares

640 SHS

Par Value

NO PAR VALUE

| File Date: | 4/18/98 | |
|-----------------|------------------|-------------|
| Check No.: | 3629 | |
| Ву: | (JD | |
| FOR SECRETARY O | F STATE USE ONLY | |

Class/Series

COMMON

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.

Class/Series

COMMON

Signature of Offic

YUSEF BARCOHANA

Print or Type Name of Officer

PRESIDENTOSPANIA

Title of Officer



Par Value

Dote

NO PAR VALUE



FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name of Officer

Title of Officer

STOP:

PROFIT CORPORATION ANNUAL REPORT 1997

| Filing Period: Janua | ary I-March 1 • | Filing Fee: \$50.00 | | • | INSTRUCTIONS |
|--|---|---|------------------------------|--|--|
| (FORM MUST BE TYPED IN | BLACK) . | | | | COMPUTING THIS FORM |
| 1. Corporate ID No. | 2. Name of Corpora | tion | | | |
| 1052 | ANESTHE | SIOLOGY, INC. | | | |
| 3. Street Address Principal Busi | • | | City | State | Zip |
| 173 WATERMAN | STRECT | | PROUIDENCE | K1 | 02906 |
| 4. Business Phone No. | | 5. State of Incorporatio | n | · · · · · · · · · · · · · · · · · · · | 6. SIC Code |
| 401-274-8110 | | RHODE ISLA | \ND | | 9217 |
| 7. Brief Description of the Char | octer of Busipess Conducted i | in Rhode Island | | • | , |
| The state of the s | | | ····· | | <u> </u> |
| 8. NAMES AND ADDI | ESSES OF THE OFFI | ICERS ("X" BOX FOR ATT | | | |
| President Name | BAKCOHANA, MD | | Vice President Name | _ | |
| Street Address | PARCOHANA, MID | | · | NE | |
| 29 LINC | OLN AVENUE | | Street Address | | |
| City | State | Zip | City | - I frata | 7/2 |
| TROUIDENCE. | RI | 02906 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| RAMESH G | ULATI mi | | • | • | |
| Street Address | | Street Address | | | |
| 20 BRISAS | CIRCLE | | | | • |
| 9/8 | State | Zip | City | State | Zip |
| CAST GREENWICH | ₊ | 02818 | | | |
| 9. NAMES AND ADDI | ESSES OF THE DIRI | ECTORS ("X" BOX FOR A | TTACHMENT) . | | |
| Director Name | | Director Name | | | |
| / / | BRUCE NINTE | (R_MI) | <u> </u> | · | . · |
| Street Address | | | Street Address | | |
| | | ···· | <u> </u> | | ^ |
| PRUVIDENCE | State R1 | Zip | City | State | Zip |
| * * * * * * * * * * * * * * * * * * * | 1 <i>KI</i> | | | . | |
| Director Name | OHEN DO | • | Director Name | | |
| Street Address | OHEN DO | | | · · · · · · · · · · · · · · · · · · · | |
| | | | Street Address | | • |
| City | State | Zip | City | State | Zip |
| BRISTOL | RI | 1 | | State | 2.0 |
| 10. SHARES AUTHOR | | X' BOX FOR ATTACHMENT | | | |
| AUTHORIZED SHARES | | # | ISSUED SHARES | <u> </u> | |
| Number of Shares | Class/Series | Par Value | : Number of Shares | Class/Series | Par Value |
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| 800 SHS NO PAR | VAL NONE | | · Ne IUC | ىنىن∪. | Newe |
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| This report must be si | gned in ink hy eith | ner the President Vic | e President, Secretary, Assi | stant Socratary Transi | res Peceiver or Truste |
| • | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | stant secretary, meast | irei, Receiver or iruste |
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| | | | ! , | | • • |
| | | | 11.4 | | P 6 |
| ₩ | 1 0 3 2 4 | • | | rjury, I declare and affirm | n that I have examined edules and statements, and |
| J -V. | 2.00 | in the second | | og any accompanying sch Contained herein are true | |
| File Date: | ンツリ | : { | 100 | / | |
| ·? (| 711 | | | vouh | 1/15/97 |
| Check No.: | <u>U </u> | 1000 | Signature of Officer | | Date |
| 11 | 110 0: 11 | 1777 NGC | / Yuse | F BARCOHANA | m)' |

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

| iling Fee: \$50.00 | | | | | | |
|---|-----------------------------|---------------------------------------|--|--|---------------|---------------|
| | | PLEASE TYPE OR | PRINT IN BLACK INK. | | | |
| . CORPORATE ID HO. | 2. NAME OF CORPORATION | · · · · · · · · · · · · · · · · · · · | ······································ | ····· | · | |
| 1052 | ANEST | RESIOLOGY, INC. | | | | |
| 3. STREET ADORESS PRINCIPAL BUSINESS OF | FICE | | CITY | STATE | ZIP COOE | |
| 173 Waterman Str | eet | | Providence, | RI | 02906 | |
| BUSINESS PHONE NO. | | 5. STATE OF INCOMPORATION | | | SIC CODE | |
| 401-2/4-8110 | 401-274-8110 RHODE I | | LAND | | 9217 | |
| BRIEF DESCRIPTION OF THE CHARACTER OF | BUSINESS CONDUCTED IN RHOOF | ISLAHO | | | | ···· |
| Administering An | esthesia | | | | | |
| · · · · · · · · · · · · · · · · · · · | 8 . N A | MES AND ADDR | ESSES OF THE OF | FICERS | | |
| RESIDENT NAME | • • | *- | VICE PRESIDENT NAME | - | | |
| Yusef Barcohana, | MD | | | | | |
| TREET ADDRESS | | | STREET ADDRESS | | | |
| 29 Lincoln Avenue | | | 1 | | | |
| Providence | STATE | 2P COOE 02906 | άτν | STATE | ZIP COOE | |
| ECRETARY NAME | | | TREASURER NAME | | | |
| Ramesh Gulati, MI |) | | ð. | | | |
| TREET ADORESS | | | STREET ADDRESS | | | |
| 120 Brisas Circle | 2 | | i | | | |
| TY | STATE | ZIP CODE | an. | STATE | ZIP COO€ | |
| East Greenwich, | RI | 02818 | , | ŀ | | |
| RECTOR NAME | 9 . N A | MES AND ADDR | ESSES OF THE DI | RECTORS | | |
| Bruce Winter, MD | | | ; | | | |
| TREET ADDRESS | | | STREET ADDRESS | | | |
| TTY | STATE | ZIP CODE | СТУ | STATE | ZIP CODE | |
| Tiverton | RI | • | | | | |
| RECTOR NAME | | | DIRECTOR NAME | <u> </u> | | |
| Robert Cohen, DO | | | | | | |
| TREET ADORESS | | | STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | |
| Υ | STATE | ZIP CODE | ary | STATE | ZP C90E | |
| Bristol | RI | ļ | • | | | |
| | 1 0 . S | HARES AUTHOR | IZED AND ISSUED | in the same of the | | : |
| · | NO INDINACED SINGRES | | | ISSUED SHARES | | |

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

PAR VALUE



| | | 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 |
| | I = I | |
| | 1/12/01 | 4100000 |
| File Date: | 4/15/44 | Signature of Officer |
| | <i>(</i> | Signature of Officer |

2842 Check No:

800 SHS NO PAR VAL

MUMBER OF SHARES

By:

For Secretary of State Use Only

CLASS / SERVES

MUMBER OF SHARES

CLASS / SERIES

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

Please Type or Prin File Annually - Jan. 1 - March Filing Fee \$50.00

Make Checks Payable to: Secretary of Stati

EN AMFAZO · 14WOOD2

| ALL ENTRIES MUST BE COMPLETED IN FULL OR THE | E FORM WILL BE RETURNED. |
|--|--|
| Corporate ID: 000 /05 Z | Annual Report for the year: 1995 |
| Name of Corporation: ANESTHESIOLOGY INC | , |
| Business entity organized under the laws of the State of: | Business Entity is (check one): |
| For foreign entity, address and telephone number of principal office: | [] Business Corporation (See RIGL Chapter 7-1.1) |
| t or toreign endry, address and terephotic number of principal office. | [] Professional Service Corporation (See RIGL Chapter 7-5.1) |
| | [] Professional Service Corporation (See Fales Chapter 1-3-1) |
| | Brief statement of the character of business conducted in Rhode Island; |
| Phone: (401) 2748110 | |
| Address and telephone of the principal office of business entity in Rhode | ADMINISTERING ANESTHESIA |
| Island (Provide street address - Not P.O. Box): | IN WOMEN + IN FAMIS HOSPITAL |
| 173 WATERMAN STREET | |
| PROVIDENCE R/ 02906 | |
| | |
| Phone: (401) 274-8110 | |
| | |
| | THE OFFICERS ARE: LIDORESS CITY/STATE ZIP COOE |
| YUSEF BARLOHANA MD 29 LIN | |
| YUSEF DARLOHANA MID J.9 LIN | DORESS CITYSTATE 2906 |
| VALE PRESIDENT STREET A | DORESS CITIZINES 22 CODE |
| SECRETARY STREET A | DORESS CITY/STATE ZIP CODE |
| A | A |
| KAMESH GULATI MD 120 BRISA TREASURER STREET | CIRCLE EAST GREENWICH KI DZ818 COUNTRYSTATE CONTYSTATE CONTYSTA |
| TREE I | |
| THE MAKES OF T | HE DIRECTORS ARE: |
| ANG STREET A | |
| | |
| | LACE AURULE LIVERSIAC RI LIDERSS CITYSTATE ZIPCODE |
| Bluce Winter MD 366 MO | DARIS AURINE TROUISENC R/ 02906 |
| NAME STREET A | DARIS HURNUE TROUIDENC R/ 02906 COTYNTATE ZIP CODE |
| | |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |
| | |
| Number of Shares Class / Series | Number of Shares Class / Series |
| 800 no parvalue | |
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| Date 8 21 19 95 By: 4 | work (Snicken m) |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | () JUSE BARCOHANA |
| PRINTOR | TYPE NAME OF OFFICER SIGNING |
| Form 31 1/95 TITLE OF | OFFICER SIGNING TRESIDENT |
| DESIGNATED REGISTERED AC | GENT FOR SERVICE OF PROCESS: |
| PLEASE NOTE: If the registered office and/or registered agent indicated belo | · · · · · · · · · · · · · · · · · · · |
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| 20. 114. 8E 11 CV | FILED |
| in the state of th | Ca) |
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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

Please Type or Prin: File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

| ENED. |
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| ENED |

| Corporate ID: | 05-0353202 | 000 1052 | A | nnual Report for t | the year: | 1994 | |
|---|--|-----------------------------|----------------|-----------------------------------|------------------------|-----------------------|-----------------|
| - | Л | | | • | • | | |
| Name of Corporat | ion: <u>ANESTHES</u> | 10 L 06 Y | INC | Business Entity | le (check one): | · | |
| | nized under the laws of the | | | , , | orporation (See RIG | I Chapter 7-1 1) | |
| For foreign entity, ad | ldress and telephone numb | et of buverbar office: | | | | on (See RIGL Chapte | e 7.5 1) |
| ·· | | | | [] Floressions | n Service Corporatio | ii (occ idoo ciiipio | |
| (1/4/) | 244 64 8 | | | Brief statement of | of the character of bu | siness conducted in I | Rhode Island: |
| Phone: (4/41) | 214-8110 | | <u> </u> | ADMINISTS | NNG ANES | | |
| | ne of the principal office o t address - Not P.O. Box): | I business entity in Kno | GE . | | ENT INFAN | | |
| 173 | WATERMAN ST | TRECT | | | | | |
| fro | WIDENCE R | 1 02906 | | | ··· | | <u></u> |
| Phone: (4/6/) | | -8//0 | | | | | |
| | | | | OFFICERS AR | | | |
| PRESIDENT | | THE NAM | STREET ADORE | OFFICERS AR | CITATATE | | ZIP CODE |
| Yuse- | F BARCOHANA | mb | 29 | LINCOLN | AUENAE | Provincas | CR R102901 |
| VICE PRESIDENT | | | STREET ADDRE | | CITYSTATE | | ZIP CODE |
| SECRETARY | | | STREET ADDRE | 4 | CITY/STATE | | ZIP CODE |
| _ | IESH GULATI | | | | RCLE EAST | GREENWICH A | e1 02818 |
| TREASURER | Caury | <u>ms</u> | STREET ADDRE | | CITY/STATE | | ZIP CODE |
| | | | | | | | |
| · | | THE NAMI | | DIRECTORS A | RE: | · ··· | ZIP COOE |
| NAME | ERT COHEN | DO | STREET ADDRE | Mace Aven | | ISIDE RI | 23 0002 |
| FOODS | KI COITE TO | | STREET ADDRA | | CORNITATE | 15/06 121 | ZIP CODE |
| | WINTER | mis | | orris AUENU | | ENICE RI | 02.906 |
| HAME | | ,,,,, <u>,</u> | STREET ADDRE | | CITYSTATE | | ZZP CODE |
| NUMBER OF SHARI | ES AUTHORIZED (Rider n | nay be attached) | | NUMBER OF SHAR | ES ISSUED AND OUT | TSTANDING (Rider m | ay be attached) |
| Number of Shares | Class / Serie | | | Number of Shares | Class/S | eries | |
| 800 | no parvalue | | | | | | |
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| Date _ 8/2/ | · · · · · · · · · · · · · · · · · · · | 19_95 | Ву: | week Darrock | nn_ | | |
| · r | | | VUSEF | BARCOHNUA NAME OF OFFICER SIGN | | <u> </u> | |
| Form 31 1/95 | | | TITLE OF OFFIC | | | <u></u> | |
| | DESIG | NATED REGISTE | | | SE OF PROCESS | : E213 3=17 | <u> </u> |
| PI FASE NOTE: IF: | | | | | | B E Eur Bass Ca | |
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| | | OEINED | 36 | | | 140 | 1612 |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID 1052 | | Annual Report for the | year 1989 |
|----------------------|----------------------------------|-----------------------------------|--|
| First: The name of | f the corporation is ANES | THESIOLOGY, INC. | |
| SECOND: It is incorp | porated under the laws of | Rhode Island | |
| THIRD: Character o | f business, briefly stated, is | professional services | s - medical |
| FOURTH: If foreign | corporation, address of its pri | ncipal office n/a | |
| Fifth: Business add | lress in Rhode Island 173 | Waterman St., Provide | ence, Rhode Island |
| SIXTH: Names and a | addresses of its directors and o | Officers: Address (including num | (Attach rider if necessary) ber. street, zip code) |
| | Director | | ••••••••••••••••••••••••••••••••••••••• |
| | Director | | |
| | Director | | |
| Yusef Barcohana | President | 29 Lincoln Ave., Pr | rovidence, RI 02906 |
| Alesia Amodia | Vice Presiden | 119 Wheeler St., Re | ehoboth, MA 02769 |
| Ramesh Gulati | Secretary | 120 Las Brisas Circ | cle, E.Greenwich, RI 028 |
| Yusef Barcohana | Treasurer | 29 Lincoln Ave., P | rovidence, RI 02906 |
| SEVENTH: Number of | of Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that Shares are without par value |
| 800 | Common | n/a PAID | no par value |
| Eighth: Number of | Shares issued: | MAR 16 1989 Series SEC'Y OF ST | Par Value |
| No. of Shares | Class | Series SEC'Y OF ST | chares are without par value |
| 800 | Common | n/a | no par value |
| Dated March | | NESTHESIOLOGY, INC, | 20011119 |
| (Report must be si | gned by an officer) Ti | tlc./President | |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID 105 | 52 | Annual Report for the year | 1988 |
|------------------|-------------------------------------|---|--|
| First: The nam | e of the corporation is ANES | THESIOLOGY, INC. | ······ |
| SECOND: It is in | corporated under the laws of | Rhode Island | |
| THIRD: Charact | er of business, briefly stated, is | professional services - | medical |
| FOURTH: If fore | ign corporation, address of its pri | ncipal office n/a | |
| FIFTH: Business | address in Rhode Island 173 | Waterman St., Providence | e, Rhode Island |
| Sixth: Names a | nd addresses of its directors and o | Officers: Address (including number, stre | (Attach rider if necessary) |
| | Director | | |
| | Director | | |
| | Director | | |
| Yusef Barcohan | President | 29 Lincoln Ave., Provi | idence, RI 02906 |
| Alesia Amodia | | nt 119 Wheeler St., Rehob | ooth, MA 02769 |
| Ramesn Gulati | Secretary | 120 Las Brisas Circle | |
| Yusef Barcohan | a Treasurer | 29 Lincoln Ave., Provi | 02818 idence, RI 02906 |
| SEVENTH: Num | ber of Shares authorized: | • | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 800 | Common | n/a | no par value |
| Eighth: Numb | er of Shares issued: | PAIDM | Par Value or statement that |
| No of Shares | Class | Series MAR 1 6 1989 | shares are without par value |
| 800 | Common | n/a SEC'Y OF STAT | E no par value |
| DatedMa | (8 | ANESTHESIOLOGY, INC. Name of Corporation) | ohunul |
| (Report must | be signed by an officer) | President) | |

RI

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 1052 | | | Annual Report for | the year1987 |
|------------------------|----------------------|------------------|-------------------|---|
| FIRST: The name of the | e corporation is | ANESTH | ESIOLOGY, INC. | ······································ |
| Second: It is incorpor | ated under the la | ws of | Rhode Island | |
| THIRD: Character of be | usiness, briefly sta | ated, is | professionalse | rvices - medical |
| FOURTH: If foreign cor | poration, address | s of its princ | cipal officeN/A | |
| Fifth: Business addres | s in Rhode Island | d. 173 W | aterman Street, | Providence, Rhode |
| SIXTH: Names and add | lresses of its direc | ctors and of | | (Attach rider if necessary) ing number, street, zip code) |
| | Dir | ector | | |
| | Dir | ector | | |
| | Dir | ector | | |
| Yusef Barcohana | Pre | sident | 29 Lincoln Ave., | Providence, RI 02906 |
| Alesia Amodia | Vic | e President | 119 Wheeler St., | Rehoboth, MA 02769 |
| Ramesh Gulati | Sec | retary | 120 Las Brisas C | ircle, East Greenwich, F |
| Yusef Barcohana | Tre | asurer | 29 Lincoln Ave | 02818 Providence, RI 02906 |
| SEVENTH: Number of S | Shares authorized | i : | | Par Value |
| No. of Shares | Class | | Series | or statement that shares are without par value |
| 80Q | Common | PAIL TAY 08 1 | N/A | no par value |
| Еіднтн: Number of Sl | nares issued: SE(| ,,,, | | Par Value or statement that |
| No. of Shares | Class | | Series | shares are without par value |
| 80.0 | Common | | N/A | no par value |
| Dated April/ | | | CSTHESIOLOGY INC | • |
| | | By, | /Th Jul | CO [NI] |
| (Report must be signe | ed by an officer) | Titl | President | |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID | .052 | Annual Report | for the year1986 |
|---------------|--|--|--|
| First: The n | | ESTHESIOLOGY, INC. | |
| Second: It is | | | |
| THIRD: Char | racter of business, briefly stated, | • | rvices - medical |
| FOURTH: If f | oreign corporation, address of it | | |
| Fifth: Busin | ess address in Rhode Island | | , Providence, Rhode |
| | es and addresses of its directors a | and officers: | (Attach rider if necessary) |
| | Director | | •••• |
| | Director | | |
| ••••• | Director | | |
| Yusef B | arcohana Presiden | | Providence. RI 02906 |
| Alesia | Amodia Vice Pre | | Rehoboth, MA 02769 |
| Ramesh (| Gulati Secretary | | |
| Yusef Ba | · | | Circle, East Greenwich RI 02818 Providence, RI 02906 |
| Seventh: Nu | mber of Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 800 | Common | N/A | No par value |
| Eighth: Num | aber of Shares issued: | PAID | |
| No. of Shares | Class | JUN 10 1986 | Par Value or statement that shares are without par value |
| 800 | Common | SEC'Y. OF STATE | No par value |
| • | 2.7 19.86 N 2.5 1986 st be signed by an officer) | ANESTHESIOLOGY, IN (Name of Corporation) By Title, President | Son rehamme |
| Form 31 1/85 | g y un omoci) | 1116 | *************************************** |

Filing Ice: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

| First: | Annual Report for the year1985 RST: The name of the corporation isANESTHESIOLOGY, INC | | | י אר |
|---|--|--|---|--|
| 1 11451 . | The name of | t the corporation is | SANESTRESTOE | JGI / INC. |
| Spann. | T# :- : | | 1 | |
| _ | | | | Island |
| THIRD: | | | | sional services - |
| .medical | ······································ | | | |
| Fourth: | If foreign | n corporation, add | ress of its principa | al office N/A |
| Г ІГТН : | Business ac | ddress in Rhode Is | land | ···· · · · · · · · · · · · · · · · · · |
| 173 | Waterman | Street, Provid | lence, Rhode Is | sland |
| Sіхтн: | | addresses of its d | | |
| | | must include street an | 7 | |
| ; | Name | Office | | Address |
| | | | | Audiens |
| | | Director | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | Director | | *************************************** |
| Yusef Barc | ohana | President | 29 Lincoln A | Avenue, Providence, |
| Alesia Amo | dia | Vice Preside | nt 119 Wheeler | Street, Rehoboth, |
| | | | | |
| Ramesh Gul | ati | Secretary | 120 Las Bris | sas Circle, East Gr |
| Yusef Barc | ohana | Secretary Treasurer | | sas Circle, East Gr RI Avenue, Providence, |
| Yusef Barc | ohana space is neede | Treasurer | 29 Lincoln : | RI Avenue, Providence, Par Value |
| Yusef Barc | ohana space is neede i: Number | Treasurer | 29 Lincoln : | RI Avenue, Providence, |
| Yusef Baro (If additional | ohana space is neede I: Number | Treasurer od, attach rider) of Shares author | 29 Lincoln ; | RI Avenue, Providence, Par Value or statement that shares are without |
| Yusef Barc (If additional SEVENTH No. of Shi | ohana space is neede I: Number | Treasurer ed, attach rider) of Shares author | 29 Lincoln ized: Series | RI Avenue, Providence, Par Value or statement that shares are without par value No par value |
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| Yusef Barc (If additional SEVENTH No. of Shi 800 EIGHTH: No. of Sh | ohana space is neede I: Number area Number | Treasurer od, attach rider) of Shares author Class Common of Shares issued: Class Common 3 1 , 19 85 | 29 Lincoln ized: Series N/A Series N/A ANESTHESIOL (Name of Corpora | Par Value or statement that shares are without par value No par value or statement that shares are without par value No par value No par value No par value No par value |
| Yusef Barc (If additional SEVENTH No. of Shi 800 EtGHTH: No. of Sh 800 Dated: | ohana space is neede I: Number ares Corporation ha | Treasurer ed, attach rider) of Shares author Class Common of Shares issued: Class Common 3 19 85 | 29 Lincoln ized: Series N/A Series N/A ANESTHESIOL (Name of Corpora By MM/ Title(President (Report must be | Par Value or statement that shares are without par value No par value or statement that shares are without par value No par value No par value No par value No par value statement that shares are without par value No par value or statement that shares are without par value No par value statement that shares are without par value No par value or statement that shares are without par value No par value or statement that shares are without par value No par value or statement that shares are without par value or statement that shares are without par value or statement that shares are without par value No par value |
| Yusef Barc (If additional SEVENTH No. of Shi 800 EtGHTH: No. of Sh 800 Dated: | ohana space is neede I: Number ares Corporation ha | Treasurer od, attach rider) of Shares author Class Common of Shares issued: Class Common 3 1 , 19 85 | 29 Lincoln ized: Series N/A Series N/A ANESTHESIOL (Name of Corpora By MM/ Title(President (Report must be | Par Value or statement that shares are without par value No par value or statement that shares are without par value No par value No par value No par value No par value statement that shares are without par value No par value or statement that shares are without par value No par value statement that shares are without par value No par value or statement that shares are without par value No par value or statement that shares are without par value No par value or statement that shares are without par value or statement that shares are without par value or statement that shares are without par value No par value |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

| | | A. | nnuai keport for th | e year 1904 |
|----------------|-------------------|---------------------------|--|---|
| First: | The name | of the corporation is | ANESTHESIC | DLOGY, INC. |
| SECOND | It is inc | orporated under the | laws of Rhode Isla | and |
| | | | | nal services - medical |
| Fourth: | If forei | gn corporation, addr | ress of its principal | office |
| Fіғтн: | | address in Rhode Isla | | |
| 11-49-4444 | BOX 3052, | North Station, Prov | vidence, RI 02908 | |
| Sixth: | Names an | d addresses of its di | rectors and officer | rs: |
| | (Addresse: | s must include street and | number, if any) | |
| 1 | Name | Office | | Address |
| usef Barcohana | | Director | 29 Lincoln Ave. | , Providence, RI |
| Alesia Amodi | 8 | Director | 206 Center St., | Rumford, RI |
| Ramesh Gulat | i | Director | 120 Las Brisas (| Circle, E. Greenwich, R |
| Yusef Barcoh | ane | President | 29 Lincoln Ave. | , Providence, RI |
| Alesia Amodi | 8 | Vice Presider | nt ²⁰⁶ Center St., | Rumford, RI |
| Ramesh Gulat | 1 | Secretary | 120 Las Brisas (| Cir., E. Greenwich, RI |
| Yusef Barcoh | | Treasurer | 29 Lincoln Ave. | , Providence, RI |
| SEVENTH | i: Numbe | er of Shares authori | zed: | Par Value |
| No. of Shi | ar e s | Class | Series | or statement that shares are without par value |
| 800 | | Common | | No Par |
| Eighth: | | of Shares issued: | Series | Par Value or statement that shares are without par value |
| 320 | | Common | 3 | No Par |
| Dated: | 2 / | 7 19.84 1.4.1984 | ANESTHESIOLOGY (Name of State and St | signed by an officer) |
| If the | corporation | has changed its registe | • ' हैं | registered agent |
| | | ed. Please contact Corp | | |
| <u> </u> | | | | |

FORM 31 11-02

• :

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

| | | Aı | nnual Report for th | e year 1983 |
|-------------------------|-----------------|-----------------------|--|--|
| First: | The name of the | e corporation is | ANESTHESIOLOGY | , INC. |
| SECOND: | _ | | | and nal services - medical |
| Fourth: | If foreign co | rporation, addr | | l office |
| Г І Г ТИ: | Business addres | ss in Rhode Isla | and (blank reports | will be mailed to this |
| address) | Box 3052, Nort | h Station, Pro | vidence | |
| Sixth: | Names and add | lresses of its di | rectors and officer | ·s: |
| • | (Addresses mus | it include street and | number, if any) | |
| N | ame | Office | | Address |
| Yusef Barcoh | ana | Director | 29 Lincoln Ave. | , Providence, RI |
| Alesia Amodi | a | Director | 206 Center St. | Rumford, RI |
| Ramesh Gulat | <u>.</u> | Director | 120 Las Brisas | Circle, E. Greenwich, RI |
| Yusef Barcoh | ana | President | 29 Lincoln Ave. | , Providence, RI |
| Alesia Amodi | a | Vice President | 206 Center St., | Rumford, RI |
| Ramesh Gulat | i | Secretary | 120 Las Brisas | Cir., E. Greenwich, RI |
| Yusef Barcoh | | Treasurer | 29 Lincoln Ave. | , Providence, RI |
| Seventh | : Number of S | Shares authoriz | ed: | Par Value or statement that |
| No. of Shar | res | Class | Series | shares are without par value |
| 800 | | Common | FEB 16 1983 | No Par |
| Еіснтн: | Number of S | hares issued: | | Par Value or statement that shares are without |
| No. of Shar | res | Class | Series | par value |
| 320 | | Common 2 | n | No Par |
| Dated: Fe | <i>U</i> 9 | 19 83 E | ANESTHESIOLOGY IName of Corporation) Line Total ANESTHESIOLOGY Line The Corporation of | Bar O hum M. Cilendarios de la companion de l |

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

| | | | Annual Report for the | year 1982 |
|-------------|-----------------|----------------------|---------------------------|--|
| First: | The name of the | ne corporation | is ANESTHESIOLOGY, IN | rc. |
| Q | | | a Rhada Ialand | |
| | | | elaws of Rhode Island | |
| THIRD: | Character of b | usiness, briefly | stated, is Profession | al services - medical |
| Fourth | : If foreign co | orporation, add | dress of its principal of | ffice |
| | | | | |
| FIFTH: | Business addr | ess in Rhode l | Island (blank reports | will be mailed to this |
| address) | Box 3052, Nor | th Station, P | rovidence | |
| Sixth: | Names and ac | ldresses of its | directors and officers: | |
| | (Addresses m | ust include street a | and number, if any) | |
| | Name | Office | | ddress |
| Yusef Barco | ohana | Director | 29 Lincoln Ave., | Providence, RI |
| Alesia Amod | lia | Director | 206 Center St., | Rumford, RI |
| Ramesh Gula | ıti | Director | 120 Las Brisas (| Circle, E. Greenwich, RI |
| Yusef Barco | ··· | President | 29 Lincoln Ave., | Providence, RI |
| Alesia Amoo | dia | Vice Presid | dent 206 Center St., | Rumford, RI |
| Ramesh Gula | ati | Secretary | 120 Las Brisas (| Circle, E. Greenwich, RI |
| Yusef Barco | | Treasurer | 29 Lincoln Ave. | , Providence, RI |
| SEVENTE | н: Number of | Shares author | rized: | Par Value |
| No. of Sh | ares | Class | Series | or statement that shares are without par value |
| 800 | | Common | | No Par |
| | | | 'JUL 13 | 1982 |
| Еіснтн | : Number of S | Shares issued: | Ja | Par Value or statement that |
| No. of Sh | ares | Class | Series | shares are without par value |
| 480 | . / | Common | # 2 | No Par |
| Dated: | m/ 2 | 1982 | ANESTHES ISOLOGY, | INC. |
| / | | | By Will | 15 M Rehim |
| | | | Title Pan (| lest |
| | | | 6 | Igned by an officer) |
| | | | • | · · |

If the corporation has changed its registered office and or its registered agent, Form #9 must be filed. Please contact Corporation Division Form formation. 277-3040

To be filed annually between January 1st and March 1st

· State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

| | OF | | |
|--|--|------------------|--|
| • | ÁNESTHESIOLOGY, IN | NC. | |
| amended, the undersigne | ovisions of Section 7.1.1 d corporation hereby sub of the corporation isAr | mits the follow | ving annual report: |
| SECOND: It is incor | porated under the laws o | of Rhode Isl | and |
| THIRD: The address | ss of its registered office i | n Rhode Island | is |
| | halkstone Ave., Provide | | |
| and the name of its registe | - | d at such addre | ess is |
| FOURTH: If a fore | ign corporation, the addr | ess of its princ | ipal office in the state or |
| country under the laws of | | - | ······································ |
| | | | |
| | cter of the business in | | • • • |
| Island, briefly stated, is | (Tolessional service | es - medical | |
| | | | |
| | | | |
| SIXTH: The names an | nd respective addresses of | its directors ar | nd officers are: |
| Herbert Ebner | Director | P. O. Box 30 | 52 No. Sta, Prov., RI |
| Yusef Barcohana | Director | 29 Lincoln A | Ave., Providence, RI |
| Alesia Amodia | Director | 206 Center S | St., Rumford, RI |
| | Director | | |
| | Director | | |
| | Director | | |
| Herbert Ebner | President | P. O. Box 30 | 52 No. Sta., Prov., RI |
| Yusef Barcohana | Vice President | 29 Lincoln A | Ave., Providence, RI |
| Alesia Amodia | Secretary | | St., Rumford, RI |
| Herbert Ebner | Treasurer | Р. О. Вол 30 | 952 No. Sta., Prov., RI |
| SEVENTH: The agg by classes, par value of sha | gregate number of shares ares, shares without par v | | |
| Number of Shares | <u>Class</u> | <u>Series</u> | Par Value per Share or Statement that UShares are without Par Value |
| 800 | Сошпоп | | 81 No Par |
| | | | 21361 |

APR 28 19.01

Form 31 12M 8-77

Eighti: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statoment that Shares are without Par Value |
|---------------------|--------|--------|---|
| 300 | Common | | No Par |

Dated 3/2/8/ ,191

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

Ву

100 Preudery

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

of

| | ANESTHESIOLOG | | -, | |
|--|--|------------|---|---|
| amended, the undersigned | visions of Section 7.1 d corporation hereby the corporation is | submits th | ne follow | ing annual report: |
| The fine fine of | the corporation is | | | |
| SECOND: It is income | porated under the la | we of Phod | e Island | |
| | - | | | |
| | of its registered office | | | |
| and the name of its registe | | | | |
| | *************************************** | | *************************************** | |
| FOURTH: If a forei country under the laws of v | gn corporation, the ad vhich it is incorporated | | | office in the state or |
| | r enter a state of a record | | | |
| | ter of the business in | | - | |
| Island, briefly stated, is | Professional servic | es - medic | al | |
| | | | | |
| | | | | * * |
| SIXTH: The names a | and respective address offi∞ | | | Address |
| Herbert Ebner | Director | | | ington, RI |
| Yusef Barcohana | Director | 29 Lincol | n Ave., | Providence, RI |
| Alesia Amodia | Director Director | 20 Center | | st Prov. RI |
| | Director | | | |
| | Director | | | |
| Herbert Ebner | President | 4 Holly L | ane, Bar | rington, RI |
| Yusef Barcohana Alesia Amodia | Vice President Secretary | | | Providence, RI st Prov., RI |
| Herbert Ebner | Treasurer | 4 Holly L | ane, Barr | rington, RI |
| SEVENTH: The aggre by classes, par value of sha | egate number of shares res, shares without par | | | |
| Number of Shares | Class | Series | 6 | Par Value per Share or Statement that Shares are without Par Value |
| | | | | |
| 600 | Common | | · 國 特別 | No Par |
| Form 31 30M 11-78 | | | 2858A1415.00 | jan 291 |

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| | Number of Shares | <u>Class</u> | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
|-------|------------------|--------------|-----------------------|--|
| | 300 | Common; | | No Par |
| | | | 4 | • |
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| Dated | | , 19 80 | ANESTHESIOLO | The state of the s |
| | | Ву | Luk Efne | ~ |
| • | | | _{Its} Presid | lent |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

| | ANES. | THE STOLOGY | , INC. | |
|---|---------------|--------------|-----------------|---|
| amended, the undersigned | corporation | hereby sub | omits the follo | General Laws, 1956, as wing annual report: |
| SECOND: It is incorp | orated unde | r the laws o | of Rhode Isla | and |
| | of its regist | | | d is |
| and the name of its register Herbert Et | ed agentin | Rhode Islar | nd at such add | |
| FOURTH: If a foreig | = | | = | ncipal office in the state or |
| FIFTH: The charact Island, briefly stated, is SIXTH: The names and | Professi | onal servi | ces - medica | |
| Name | | ffice | | Address |
| Herbert Ebner | Dire | | | e, Barrington, R. I. |
| Yusef Barcohana | | | | Ave., Providence, R. I. |
| Alesia Amodia | | | | t., East Providence, R. I. |
| | | | | |
| | | | | |
| Herbert Ebner | | | | e, Barrington, R. l. |
| Yusef Barcohana | | President | | äve., Providence, R.I. |
| 43 4 4 44. | Secr | | | St., East Providence, R. |
| Herbert Ebner | | surer | 4 Holly Lan | e, Barrington, R. I. |
| | egate numb | er of shares | | uthority to issue, itemized s, if any, within a class, is: |
| Number of Shares | Class | ⇒ 25 | Series | Par Value per Share or Statement that Shares are without Par Value |
| 800 | Common | 79 | | No Par |

4872A14 · · · · 15.00BL

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APR 25 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|---------|-------------------|---|
| 800 | Common | | No Par |
| | | | |
| | | | |
| | : | | |
| | l i | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| ted | , 19 79 | ANESTHESTOLOGY, 1 | NC |

Its President

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

| | OF | | |
|--------------------------|--|---------------------|---|
| | ANESTHESIOLOGY, | INC. | |
| amended, the undersign | provisions of Section 7.1 ned corporation hereby su e of the corporation isA | ibmits the followi | ng annual report: |
| SECOND: It is inc | orporated under the laws | of Rhode Isla | nd |
| | ress of its registered office Lane, Barrington, R. I | | |
| and the name of its regi | stered agent in Rhode Isla Ebner, 4 Holly Lane, B | ind at such addres | s is |
| | reign corporation, the add of which it is incorporated | | |
| Sixth: The names | and respective addresses of | f its directors and | officers are: |
| Name Herbert Ebner | Office Director | | Address Barrington, R.I. |
| Yusef Barcohana | | • | ., Providence, R. I. |
| Alesia Amodia | Director | • • | , Rumford, R.I. |
| | Director | too contro or; | , nameda, n.j. |
| | Director | · | |
| | Director | | • |
| Herbert Ebner | President | 4 Holly Lane, | Barrington, R. I. |
| Yusef Barcohana | Vice President | | ., Providence, R.I. |
| Alesia Amodia | Secretary | | , Rumford, R.I. |
| Herbert Ebner | Treasurer | 4 Holly Lane. | Barrington, R. I/ |
| | ggregate number of share hares, shares without par | s which it has auth | ority to issue, itemized |
| Number of Shares | Class | ‡ Series | Par Value per Share or Statement that Shares are without Par Value |

Common

| 78 | | | |
|-------------------------|------------------------|--|--|
| 9949A14 · · · · 15.00BL | •••••• • • • • • 15.00 | | |
| | | | |

APR 4 1978

No Par

FORM 31 35M 9-76

800

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|---|
| 800 | Common | | No Par |

Dated Del 20

, 19 78 ANESTHESIOLOGY, INC. (NAME OF CORPORATION)

By Sheeher Stee

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| | ANE STHES IOLOG | Y, INC. | | | | |
|---|--|------------------|--|--|--|--|
| Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as mended, the undersigned corporation hereby submits the following annual report: FIRST: The name of the corporation is Anesthesiology, Inc. | | | | | | |
| SECOND: It is incorporate | ed under the laws | of Rhode Isl | and | | | |
| | • | | | | | |
| | the undersigned corporation hereby submits the following annual report: The name of the corporation is Anesthesiology, Inc. ND: It is incorporated under the laws of Rhode Island D: The address of its registered office in Rhode Island is 4 Holly Lane, Barrington, R. I. Ince of its registered agent in Rhode Island at such address is Herbert Ebner TH: If a foreign corporation, the address of its principal office in the state or nder the laws of which it is incorporated is H: The character of the business in which it is actually engaged in Rhode iefly stated, is Professional services - medical The names and respective addresses of its directors and officers are: Name Office Name Address Ebner Director 4 Holly Lane, Barrington, R. I. arcohana Director 29 Lincoln Aye., Providence, R. I. Amodia Director Director Director Director Director Director Director Ebner President 4 Holly Lane, Barrington, R. I. arcohana Vice President 29 Lincoln Aye., Providence, R. I. Amodia Secretary 206 Centre St., Rumford, R.I. | | | | | |
| country under the laws of which FIFTH: The character of | it is incorporated | which it is actu | ally engaged in Rhode | | | |
| SIXTH: The names and response | Office | | Address | | | |
| • • | | | | | | |
| Alesia Amodia | Director Director | | | | | |
| | Director | | •• •• | | | |
| Herbert Ebner | President | 4 Holly Lane, | Barrington, R. I. | | | |
| Yusef Barcohana | Vice President | 29 Lincoln Ave | ., Providence, R. I. | | | |
| Alesia Amodia | Secretary | 206 Centre St. | , Rumford, R.I. | | | |
| Herbert Ebner | Treasurer | 4 Holly Lane, | Barrington, R.I. | | | |
| oy classes, par value of shares, sh | | | Par Value per Share or Statement that | | | |
| Number of | | | Shares are without | | | |

Shares Class Series Par Value 800 Common

No Par

MAR 29 1911

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------------|--------------------------------------|---|
| 800 | Common | | No Par |
| | | | |
| | : | | |
| | | | |
| | : | | |
| | : | | |
| | | | |
| Dated | , 19 ⁷⁷ | ANESTHESIOLOGY, INC. (NAME OF CORPOR | |
| | Ву | Its Preside | int |
| | : | • | |
| | | | |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

 \mathbf{OF}

| | ANE STHE S | lology, inc. |
|----------------------------|---------------------|--|
| amended, the undersigned | l corporation hereb | 7-1.1-118 of the General Laws, 1956, a by submits the following annual report: ANESTHESIOLOGY, INC. |
| SECOND: It is incor | porated under the | laws of Rhode Island |
| | | office in Rhode Island is |
| and the name of its regist | ered agent in Rhod | e Island at such address is , Barrington, R. I. |
| | | address of its principal office in the state or |
| oriefly stated, is Profess | nional services - | which it is actually engaged in Rhode Island medical resses of its directors and officers are: |
| Name | Office | Address |
| | Director | 4 Holly Lane, Barrington, R. I. |
| Yusef Barcohana | Director | 29 Lincoln Ave., Providence, R.I. |
| Alesia Amodia | Director | 20 Center St., East Providence, R. I |
| | Director | |
| | Director | |
| | Director | |
| Herbert Ebner | | 4 Holly Lane, Barrington, R. I. |
| Yusef Barcohana | Vice Preside | nt 29 Lincoln Ave., Providence, R. I. |
| Alesia Amodia | Secretary | 20 Center St., East Providence, R. I |
| HerbertEbner | Treasurer | 4 Holly Lane, Barrington, R. I. |
| SEVENTH: The aggre | egate number of sha | ares which it has authority to issue, itemized |

by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series 800 No Par Common

FEB251976

FORM 31 80M 9-72

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | : | Series_ | or Statement that Shares are without Par Value |
|---------------------|--------|---|---------|--|
| 800 | Common | | | No Par |

Dated 2/23 , 19 76

ANESTHESIOLOGY, INC.

NAME OF CORPORATION

to premies in the configuration

Procident

L 16-76 \$103 103 103 45.0 415.

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT (1975)

OF

| | - - | | |
|--|--------------------|----------------------------------|---|
| | ANE STHES IOLOG | Y, INC. | |
| Pursuant to the provision amended, the undersigned corporate First: The name of the | poration hereby: | | ing annual report: |
| | | | |
| SECOND: It is incorpora | ted under the lav | ws of Rhode Islan | n d |
| THIRD: The address of i | ts registered offi | | is |
| and the name of its registered | agent in Rhode I | sland at such <mark>ad</mark> dr | |
| FOURTH: If a foreign co | - | | |
| FIFTH: The character of the briefly stated, is profession | | | |
| SIXTH: The names and I | | ses of its directors | and officers are: |
| Herbert Ebner | | 4 Holly Lane, Ba | |
| Yusef Barcohana | Director | 29 Lincoln Ave., | Providence, R. I. |
| Alesia Amodia | | .20 Center St., E | ast Providence, R I |
| | Director | | |
| the state of the s | Director | | |
| | Director | | |
| Herbert Ebner | President | 4 Holly Lane, Ba | *************************************** |
| Yusef Barcohana | Vice President | 29 Lincoln Ave., | Providence, R. I. |
| Alesia Amodia | | 20 Center St., E | ast Providence, R. I |
| Herbert Ebner | Treasurer | 4 Holly Lane, Ba | rrington, R. I. |
| SEVENTH: The aggregate by classes, par value of shares, sl | number of share | | |
| Number ofShares | Class | Seriea | Par Value per Share or Statement that Shares are without Par Value |
| 800 Com | лоп | | No Par |
| | | | |

FEB25 1976

D. 8

FORM 31 50M 0-74

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Spares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------|--------|---|
| 800 | Common | | No Par |

Dated 2/23 , 19 76

ANESTHESIOLOGY, INC.

ML 16-76 \$54 15 102 AR***15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT (1974) OF

ANESTHESIOLOGY, INC.

| amended, the u FIRST: T | to the provisions of Section 7 ndersigned corporation hereby the name of the corporation is | submits the foll ANESTHESIOLOG | General Laws, 1956, as owing annual report: |
|---------------------------------|---|--|--|
| SECOND: | It is incorporated under the la | | |
| THIRD: | The address of its registered off Holly Lane, Barrington, R. | ice in Rhode Isla I . | nd is |
| and the name o | f its registered agent in Rhode Berbert Ebner, 4 Holly Lane, | Island at such a | idress is |
| | If a foreign corporation, the a he laws of which it is incorpor | ated is | |
| FIFTH: T | hecharacter of the business in w Professional services - (| hich it is actually medical | |
| SIXTH: T | the names and respective addre | sses of its directo | ors and officers are: |
| Herbert Ebner | Director | 4 Holly Lane, | Barrington, R.I. |
| Yusef Barcohar | B Director | 29 Lincoln Ave | enue, Providence, R. I. |
| Alesia Amodia | Director | 20 Center St. | , East Providence, R.I. |
| | Director | | |
| | Director | | |
| | Director | | |
| Herbert Ebner Yusef Barcohan | President Vice President | 4 Holly Lane, 29 Lincoln Ave | Barrington, R. I. enue, Providence, R. I. |
| Alesia Amodia | Secretary | 20 Center St. | East Providence, R. I. |
| | Treasurer | | Barrington, R. I. |
| SEVENTH: by classes, parva | The aggregate number of share lue of shares, shares without pa | es which it has au rvalue, and series | athority to issue, itemized s, if any, within a class, is: Par Value per Share |
| Number of Shares | Class | Series | or Statement that Shares are without Par Value |
| 800 | Common | | No Par |

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | or Statement that Shares are without Par Value |
|---------------------|--------|--------|--|
| 800 | Common | | No Par |

Dated 2/23 , 19⁷⁶

ANESTHESIOLOGY, INC.