



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 1052		2. Name of Corporation ANESTHESIOLOGY, INC.			
3. Street Address Principal Business Office 173 WATERMAN ST.		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401-274-8112		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KUE C. CHOI, MD			Vice President Name BRUCE WINTER, MD		
Street Address ONE LONGFELLOW PLACE APT 321			Street Address 285 STONE CHURCH RD		
City BOSTON	State MA	Zip 02114	City TIVERTON	State RI	Zip 02878
Secretary Name ELIZABETH GAMBLE, MD			Treasurer Name ROBERT COHEN, DO		
Street Address 16 ELIZABETH DRIVE			Street Address 24 BULOID AVE		
City LINCOLN	State RI	Zip 02865	City JAMESTOWN	State RI	Zip 02835
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,920 NO PAR VALUE			1280	COMMON	NPV

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



File Date	1/26/05
Check No.	1570
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

KUE C. CHOI

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

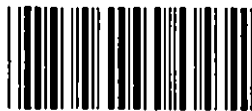
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 1052		2. Name of Corporation ANESTHESIOLOGY, INC.			
3. Street Address Principal Business Office 173 WATERMAN ST.			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401-274-8112		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KUE CHOI, MD			Vice President Name BRUCE WINTER, MD		
Street Address ONE LONGFELLOW PLACE APT 2221			Street Address 285 STONE CHURCH RD		
City BOSTON	State MA	Zip 02114	City TIVERTON	State RI	Zip 02878
Secretary Name ELIZABETH GAMBLE, MD			Treasurer Name ROBERT COHEN, DO		
Street Address 16 ELIZABETH DRIVE			Street Address 24 BULLOID AVE		
City LINCOLN	State RI	Zip 02865	City JAMESTOWN	State RI	Zip 02835
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,920 NO PAR VALUE			1280	COMMON	NPV

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



* 1052 *

File Date 2/24/04
Check No. 1251
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/18/04

KUE CHOI

Print or Type Name of Officer

PRESIDENT

Title of Officer



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 OR PRINTED IN BLACK)

1. Corporate ID No.

1052

2. Name of Corporation

ANESTHESIOLOGY, INC.

3. Street Address Principal Business Office

173 WATERMAN ST.

City

PROVIDENCE

State

R.I.

Zip

02906

4. Business Phone No.

401-274-8110

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

ANESTHESIA (HEALTH, MEDICAL, SURGICAL) CARE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

KWE CHOI

Vice President Name

BRUCE WINTER

Street Address

173 WATERMAN ST

Street Address

173 WATERMAN ST

City

PROVIDENCE

State

RI

Zip

02906

City

PROVIDENCE

State

RI

Zip

02906

Secretary Name

ELIZABETH GAMBLE

Treasurer Name

ROBERT COHEN

Street Address

173 WATERMAN ST.

Street Address

173 WATERMAN ST.

City

PROVIDENCE

State

RI

Zip

02906

City

PROVIDENCE

State

RI

Zip

02906

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

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

800 NO PAR VALUE

1920

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1152 NO PAR VALUE

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



* 1 0 5 2 *

File Date: 2/7/03

Check No.: 5336

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

KWE CHUNG CHOI

01-31-2003

Date

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. *1052*		2. Name of Corporation ANESTHESIOLOGY, INC.		
3. Street Address Principal Business Office 173 WATERMAN STREET		City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 4012748110		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kue Choi, M.D.		Vice President Name Bruce Winter, M.D.		
Street Address 41 Joy St. Apt. #4		Street Address 285 Stone Church Road		
City Boston	State MA	Zip 02114	City Tiverton	State RI
Secretary Name Elizabeth Gamble, M.D.		Treasurer Name Robert Cohen, D.O.		
Street Address 16 Elizabeth Drive		Street Address 24 Buloid Ave.		
City Lincoln	State RI	Zip 02865	City Jamestown	State RI
		Zip 02835		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
		Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800 NO PAR VALUE			640 Shares	Common
				NPV

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



1052 DBC7/23/021:58:19 PM

File Date 8-9-02

Check No. 5164

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 08-07-2002
Signature of Officer Date
Kue Choi
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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. 1052 2. Name of Corporation ANESTHESIOLOGY, INC.

3. Street Address Principal Business Office

City

State

Zip

173 Waterman Street

Providence

RI

02906

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. 9217

401-274-8110

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**

President Name

Vice President Name

YUSEF BARCOHANA, MD.

Street Address

Street Address

29 LINCOLN AVENUE

City

State

Zip

City

State

Zip

PROVIDENCE,

RI

02906

Secretary Name

Treasurer Name

Elizabeth Gamble, MD

Robert Cohen, MD.

Street Address

Street Address

196 Old River Road, Unit 717

24 Buloid Avenue

City

State

Zip

City

State

Zip

Lincoln

RI

02865

Jamestown

RI

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

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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 SHS NO PAR VAL

640 Shares

Common

No Par Value

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



* 1 0 5 2 *

4-5-01

File Date: _____

Check No.: 4622

By: ec

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1052** 2. Name of Corporation **ANESTHESIOLOGY, INC.**
3. Street Address Principal Business Office **173 Waterman Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401 274-8110** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

Anesthesiology Group, administrating anesthesia services

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

President Name

Vice President Name

Yusef Barcohana, MD

Street Address

Street Address

29 Lincoln Avenue, Providence, RI 02906

City

State

Zip

City

State

Zip

Secretary Name

Treasurer Name

Elizabeth Gamble, MD

Robert Cohen, MD

Street Address

Street Address

196 Old River Road Unit 717

24 Buloid Avenue

City

State

Zip

City

State

Zip

Lincoln RI 02865

Jamestown RI 02835

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

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 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

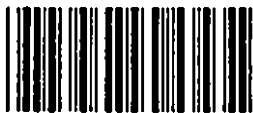
Class/Series

Par Value

800 SHS NO PAR VAL

640 shares COMMON No par value

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



★ 1 0 5 2 ★

File Date: 3/16/00

Check No.: 4305

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/7/00
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1052 2. Name of Corporation Anesthesiology, Inc.
3. Street Address Principal Business Office 173 Waterman Street City Providence State RI Zip 02906
4. Business Phone No. 401-274-8110 5. State of Incorporation Rhode Island * 6. SIC Code 9217

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

Medical practice

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X

President Name

Yusef Barcohana, M.D.

Street Address

173 Waterman Street

City Providence State RI Zip 02906

Secretary Name

Elizabeth Gamble, M.D.

Street Address

as above

City Providence State RI Zip 02906

Vice President Name

Ramesh Gulati, M.D.

Street Address

as above

City Providence State RI Zip 02906

Treasurer Name

Robert Cohen, M.D.

Street Address

as above

City Providence State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

None: close corporation

Street Address

City Providence State RI Zip 02906

Director Name

Street Address

City Providence State RI Zip 02906

Director Name

Street Address

City Providence State RI Zip 02906

Director Name

Street Address

City Providence State RI Zip 02906

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
800	Common	No par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
339.2	Common	No par

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

FILED

File Date: FEB 26 1999

Check No.: By CC 3918

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.

Signature of Officer Yusef Barcohana, M.D. Date February 25, 1999

Print or Type Name of Officer Yusef Barcohana, M.D.

Title of Officer President



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
401-277-3040



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. **1052** 2. Name of Corporation **ANESTHESIOLOGY, INC.**
3. Street Address Principal Business Office City State Zip
173 WATERMAN STREET PROVIDENCE RI 02906
4. Business Phone No. 5. State of Incorporation 6. SIC Code
274-8110 RHODE ISLAND 8099
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name YUSEF BARCOHANA, MD	Vice President Name RAMESH GULATI, MD
Street Address 29 LINCOLN AVENUE	Street Address 120 BRISAS CIRCLE
City State Zip PROVIDENCE RI 02906	City State Zip EAST GREENWICH RI 02818
Secretary Name	Treasurer Name ROBERT COHEN, MD
Street Address	Street Address 24 BULOID AVENUE
City State Zip	City State Zip JAMESTOWN RI 02835

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
800 SHS	COMMON	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
640 SHS	COMMON	NO PAR VALUE

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

File Date: 6/18/98

Check No.: 3629

By: KLD

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Yusef Barcohana Date

YUSEF BARCOHANA

Print or Type Name of Officer

PRESIDENT

Title of Officer



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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 1052		2. Name of Corporation ANESTHESIOLOGY, INC.			
3. Street Address Principal Business Office 173 WATERMAN STREET		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401-274-8110		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island ADMINISTRATION OF ANESTHESIA					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name YUSEF BARCOHANA, MD			Vice President Name NONE		
Street Address 29 LINCOLN AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name RAMESH GOULATI, MD			Treasurer Name NONE		
Street Address 20 BRISAS CIRCLE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name BRUCE WINTER MD			Director Name		
Street Address			Street Address		
City PROVIDENCE	State RI	Zip	City	State	Zip
Director Name ROBERT COHEN DO			Director Name		
Street Address			Street Address		
City BRISTOL	State RI	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHS NO PAR VAL	NONE	NONE	NONE	NONE	NONE

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



* 1 0 5 2 *

File Date:

2-03-97

Check No.:

3104

By:

Y. Barcohana
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Y. Barcohana

1/15/97

Date

YUSEF BARCOHANA MD

Print or Type Name of Officer

PRESIDENT

Title of Officer

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

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 1052		2. NAME OF CORPORATION ANESTHESIOLOGY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 173 Waterman Street		CITY Providence,		STATE RI	ZIP CODE 02906
4. BUSINESS PHONE NO. 401-274-8110		5. STATE OF INCORPORATION RHODE ISLAND			SIC CODE 9217
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Administering Anesthesia					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Yusef Barcohana, MD			VICE PRESIDENT NAME		
STREET ADDRESS 29 Lincoln Avenue			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02906	CITY	STATE	ZIP CODE
SECRETARY NAME Ramesh Gulati, MD			TREASURER NAME		
STREET ADDRESS 120 Brisas Circle			STREET ADDRESS		
CITY East Greenwich,	STATE RI	ZIP CODE 02818	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Bruce Winter, MD			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY Tiverton	STATE RI	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME Robert Cohen, DO			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY Bristol	STATE RI	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
800 SHS NO PAR VAL					None

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 6-1

6/13/96

Check No:

2842

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

X YUSEF BARCOHANA, MD
Print or Type Name of Officer

Title of Officer

President

Date

6-10-96



ANNUAL REPORT

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

Make Checks Payable to: Secretary of State

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

Corporate ID: 0001052 Annual Report for the year: 1995

Name of Corporation: ANESTHESIOLOGY INC

Business entity organized under the laws of the State of: _____

For foreign entity, address and telephone number of principal office: _____

Phone: (401) 274-8110

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

173 WATERMAN STREET
PROVIDENCE RI 02906

Phone: (401) 274-8110

Business Entity is (check one):

☒ Business Corporation (See RI GL Chapter 7-1.1)

☐ Professional Service Corporation (See RI GL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

ADMINISTERING ANESTHESIA
IN WOMEN + INFANTS HOSPITAL

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
YUSEF BARLOHANA MD	29 LINCOLN AVENUE	PROVIDENCE RI	02906

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
RAMESH GULATI MD	120 BRISAS CIRCLE	EAST GREENWICH RI	02818

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ROBERT COHEN DO	233 TRACE AVENUE	LIVERSIDE RI	

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
BLUCE WINTER MD	366 MORRIS AVENUE	PROVIDENCE RI	02906

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

800 No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date 8/21, 1995

By: YUSEF BARLOHANA MD

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

SEP 13 11 36 AM '95
RECEIVED
SECRETARY OF STATE

FILED

SEP 25 1995

BY AMFA 20
146072



ANNUAL REPORT

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

Make Checks Payable to: Secretary of State

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

Corporate ID: 05-0353202 0001052 Annual Report for the year: 1994

Name of Corporation: ANESTHESIOLOGY INC

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

ADMINISTERING ANESTHESIA
IN WOMEN + INFANTS HOSPITAL

Phone: (401) 274-8110

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

173 WATERMAN STREET
PROVIDENCE RI 02906

Phone: (401) SAME 274-8110

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Yusef BARCOHANA MD</u>	<u>29 LINCOLN AVENUE</u>	<u>PROVIDENCE</u>	<u>RI 02906</u>
VICE PRESIDENT			
SECRETARY <u>RAMESH GULATI MD</u>	<u>120 BRISAS CIRCLE</u>	<u>EAST GREENWICH</u>	<u>RI 02818</u>
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>ROBERT CUMEN DO</u>	<u>233 TRACE AVENUE</u>	<u>RIVERSIDE</u>	<u>RI</u>
<u>BRUCE WINTER MD</u>	<u>366 MORRIS AVENUE</u>	<u>PROVIDENCE</u>	<u>RI 02906</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 800 Class / Series no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date 8/21, 19 95

By: [Signature]
YUSEF BARCOHANA

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

FILED

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

SEP 13 1995
RECEIVED
SECRETARY OF STATE

SEP 25 1995

BY [Signature]
146672

Filing Fee \$15.00

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 1052 Annual Report for the year 1989

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional services - medical

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 173 Waterman St., Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI 02906
Alesia Amodia	Vice President	119 Wheeler St., Rehoboth, MA 02769
Ramesh Gulati	Secretary	120 Las Brisas Circle, E.Greenwich, RI 0281
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	n/a	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	n/a	no par value

Dated March 3, 19 89

ANESTHESIOLOGY, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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 1052 Annual Report for the year 1988

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional services - medical

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 173 Waterman St., Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI 02906
Alesia Amodia	Vice President	119 Wheeler St., Rehoboth, MA 02769
Ramesh Gulati	Secretary	120 Las Brisas Circle, E. Greenwich, RI 02818
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	n/a	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	n/a	no par value

PAID

MAR 16 1989

SEC'Y OF STATE

Dated March 3, 1989

ANESTHESIOLOGY, INC.

(Name of Corporation)

By Yusef Barcohana
President

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 1052 Annual Report for the year 1987FIRST: The name of the corporation is ANESTHESIOLOGY, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is professional services - medicalFOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 173 Waterman Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI 02906
Alesia Amodia	Vice President	119 Wheeler St., Rehoboth, MA 02769
Ramesh Gulati	Secretary	120 Las Brisas Circle, East Greenwich, RI 02818
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	N/A	no par value

PAID

MAY 08 1987

EIGHTH: Number of Shares issued: SECY. OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	N/A	no par value

Dated April, 19 87

ANESTHESIOLOGY, INC.

(Name of Corporation)

By [Signature]
President

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....1052.....

Annual Report for the year.....1986.....

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is professional services - medicalFOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 173 Waterman Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Yusef Barcohana

President

29 Lincoln Ave., Providence, RI 02906

Alesia Amodia

Vice President

119 Wheeler St., Rehoboth, MA 02769

Ramesh Gulati

Secretary

120 Las Brisas Circle, East Greenwich,
RI 02818

Yusef Barcohana

Treasurer

29 Lincoln Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

800

Common

N/A

No par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

800

Common

N/A

No par value

Dated May 27 19 86

JUN 25 1986

ANESTHESIOLOGY, INC.
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Filing fee: \$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

Corporate ID #1052

Annual Report for the year 1985

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional services -
medical

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island

173 Waterman Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Yusef Barcohana	President	29 Lincoln Avenue, Providence, RI 02906
Alesia Amodia	Vice President	119 Wheeler Street, Rehoboth, MA 02769
Ramesh Gulati	Secretary	120 Las Brisas Circle, East Greenwich, RI 02818
Yusef Barcohana	Treasurer	29 Lincoln Avenue, Providence, RI 02906

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	N/A	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common	N/A	No par value

Dated: October 31, 1985

ANESTHESIOLOGY, INC.

(Name of Corporation)

By Yusef Barcohana

Title President

(Report must be signed 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 for information. 277-3040

NOV 4 1985

Filing fee: \$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 for the year 1984

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Professional services - medical

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

Box 3052, North Station, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Yusef Barcohana	Director	29 Lincoln Ave., Providence, RI
Alesia Amodia	Director	206 Center St., Rumford, RI
Ramesh Gulati	Director	120 Las Brisas Circle, E. Greenwich, RI
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI
Alesia Amodia	Vice President	206 Center St., Rumford, RI
Ramesh Gulati	Secretary	120 Las Brisas Cir., E. Greenwich, RI
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
320	Common		No Par

Dated: 2. 17 19 84

ANESTHESIOLOGY, INC.

(Name of Corporation)

Signature of Officer

Title

(Report must be signed by an officer)

MAR 14 1984

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

Filing fee: \$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 for the year 1983

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Professional services - medical

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 3052, North Station, Providence

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Yusef Barcohana	Director	29 Lincoln Ave., Providence, RI
Alesia Amodia	Director	206 Center St., Rumford, RI
Ramesh Gulati	Director	120 Las Brisas Circle, E. Greenwich, RI
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI
Alesia Amodia	Vice President	206 Center St., Rumford, RI
Ramesh Gulati	Secretary	120 Las Brisas Cir., E. Greenwich, RI
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
320	Common	2	No Par

Dated: Feb. 9 19 83

ANESTHESIOLOGY, INC.

(Name of Corporation)

By: Yusef Barcohana

Title: President

(Report must be signed 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 for information. 277-3040

Filing fee: \$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 for the year 1982

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Professional services - medical

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 3052, North Station, Providence

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Yusef Barcohana	Director	29 Lincoln Ave., Providence, RI
Alesia Amodia	Director	206 Center St., Rumford, RI
Ramesh Gulati	Director	120 Las Brisas Circle, E. Greenwich, RI
Yusef Barcohana	President	29 Lincoln Ave., Providence, RI
Alesia Amodia	Vice President	206 Center St., Rumford, RI
Ramesh Gulati	Secretary	120 Las Brisas Circle, E. Greenwich, RI
Yusef Barcohana	Treasurer	29 Lincoln Ave., Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
480	Common		No Par

Dated: April 2 1982

ANESTHESIOLOGY, INC.

(Name of Corporation)

By

Title

(Report must be signed 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 for information. 277-3040

Filing fee: \$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

OF

ANESTHESIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Anesthesiology, Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: The address of its registered office in Rhode Island is 1246 Chalkstone Ave., Providence
and the name of its registered agent in Rhode Island at such address is Herbert Ebner

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is _____

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Ebner	Director	P. O. Box 3052 No. Sta, Prov., RI
Yusef Barcohana	Director	29 Lincoln Ave., Providence, RI
Alesia Amodia	Director	206 Center St., Rumford, RI
	Director	
	Director	
Herbert Ebner	President	P. O. Box 3052 No. Sta., Prov., RI
Yusef Barcohana	Vice President	29 Lincoln Ave., Providence, RI
Alesia Amodia	Secretary	206 Center St., Rumford, RI
Herbert Ebner	Treasurer	P. O. Box 3052 No. Sta., Prov., RI

SEVENTH: The aggregate number of shares 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:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
800	Common		28 81 -- No Par

APR 28 1981

2136A14...150081

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300	Common		No Par

Dated 3/2/81, 1981

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

By

Herbert E. Brier, M.D.
Its President

Filing fee: \$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

OF

ANESTHESIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Anesthesiology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

4 Holly Lane, Barrington, RI

and the name of its registered agent in Rhode Island at such address is

Herbert Ebner

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Ebner	Director	4 Holly Lane, Barrington, RI
Yusef Barcohana	Director	29 Lincoln Ave., Providence, RI
Alesia Amodia	Director	20 Center St., East Prov., RI
	Director	
	Director	
Herbert Ebner	President	4 Holly Lane, Barrington, RI
Yusef Barcohana	Vice President	29 Lincoln Ave., Providence, RI
Alesia Amodia	Secretary	20 Center St., East Prov., RI
Herbert Ebner	Treasurer	4 Holly Lane, Barrington, RI

SEVENTH: The aggregate number of shares 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:

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

2858A14...150081

JAN 29 1980

[Signature]


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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300	Common:		No Par

Dated , 19 80

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

By 

Its President

Filing fee: \$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

OF

ANESTHESIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Anesthesiology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
4 Holly Lane, Barrington

and the name of its registered agent in Rhode Island at such address is
Herbert Ebner, 4 Holly Lane, Barrington

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Ebner	Director	4 Holly Lane, Barrington, R. I.
Yusef Barcohana	Director	29 Lincoln Ave., Providence, R. I.
Alesia Amodia	Director	206 Center St., East Providence, R. I.
	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 Center St., East Providence, R. I.
Herbert Ebner	Treasurer	4 Holly Lane, Barrington, R. I.

SEVENTH: The aggregate number of shares 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:

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

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APR 25 1979
rsa

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:

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

Dated, 19 79

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

Xy *Richard E. Grier*

Its President

Filing fee: \$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

OF

ANESTHESIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Anesthesiology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

4 Holly Lane, Barrington, R. I.

and the name of its registered agent in Rhode Island at such address is

Herbert Ebner, 4 Holly Lane, Barrington, R. I.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Ebner	Director	4 Holly Lane, Barrington, R.I.
Yusef Barcohana	Director	29 Lincoln Ave., Providence, R. I.
Alesia Amodia	Director	206 Centre St., Rumford, R.I.
	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./

SEVENTH: The aggregate number of shares 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:

Number of Shares	Class	#	Series	Par Value per Share or Statement that Shares are without Par Value
800	Common	78		No Par

9945A14.....15008L

APR 4 1978

[Signature]

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 Feb 22

, 19 78

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

✓ By *Richard Lee*
Its President

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

OFFICE OF THE SECRETARY OF STATE

OF

FIRST: The name of the corporation is Anesthesiology, Inc.

Herbert Ebner

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

Name	Office	Address
Herbert Ebner	Director	4 Holly Lane, Barrington, R. I.
Yusef Barcohana	Director	29 Lincoln Ave., Providence, R. I.
Alesia Amodia	Director	206 Centre St., Rumford, R. I. 02916
	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.

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

FE8 14-77 303 15.00

MAR 29 1977
mf

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:

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

Dated

, 1977

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

By



Its President

Filing fee: \$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

OF

ANESTHESIOLOGY, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANESTHESIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 4 Holly Lane, Barrington, R.I.

and the name of its registered agent in Rhode Island at such address is Herbert Ebner, 4 Holly Lane, Barrington, R. I.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is _____

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Professional services - medical

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Herbert Ebner	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	
Herbert Ebner	President	4 Holly Lane, Barrington, R. I.
Yusef Barcohana	Vice President	29 Lincoln Ave., Providence, R. I.
Alesia Amodia	Secretary	20 Center St., East Providence, R. I.
Herbert Ebner	Treasurer	4 Holly Lane, Barrington, R. I.

SEVENTH: The aggregate number of shares 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:

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

FEB 25 1976

P. EN

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:

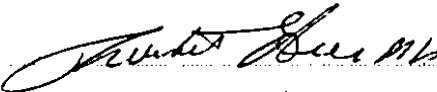
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
800	Common		No Par

Dated 2/23, 19 76

ANESTHESIOLOGY, INC.

(NAME OF CORPORATION)

By



Its President

REC-OF STATE 1103 12-24-76 *15.00
JUL 16-76

Filing fee: \$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 (1975)

OF

ANESTHESIOLOGY, INC.

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800	Common		No Par

FEB 25 1976

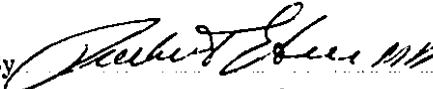
p. 82

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

Dated 2/23, 1976

ANESTHESIOLOGY, INC.
(NAME OF CORPORATION)

By 
Its President

REC'D
ML 16-76 STATE 1102 MS-44-15.00

Filing fee: \$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.

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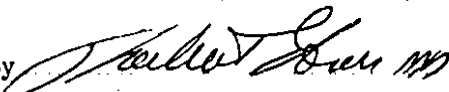
FEB 25 1976

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

Dated 2/23, 1976

ANESTHESIOLOGY, INC.
(NAME OF CORPORATION)

By 
Its President

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STATE
FILED
FEB 23 1976
\$15.00