



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 IN BLACK)

1. Corporate ID No. 88854		2. Name of Corporation MED TECH., INC.			
3. Street Address Principal Business Office 19 MENDON AVENUE		City PAWTUCKET	State RI	Zip 02861-	
4. Business Phone No. 4017269907		5. State of Incorporation RHODE ISLAND			6. SIC Code 6650
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE AMBULANCE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary R. Reis		Vice President Name Gary R. Reis			
Street Address 86 Naushon Road		Street Address 86 Naushon Road			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Gary R. Reis		Treasurer Name Gary R. Reis			
Street Address 86 Naushon Road		Street Address 86 Naushon Road			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary R. Reis		Director Name None			
Street Address 86 Naushon Road		Street Address			
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None		Director Name None			
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
800 COMM NO PAR VALUE			100	Common	No Par Value

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



8 8 8 5 4

88854 DBC 01/11/05 08:22:06 AM

File Date: 1/21/05

Check No. 4593

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
Gary R. Reis
Print or Type Name of Officer
President
Title of Officer

1/14/05
Date



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 IN BLACK)

1. Corporate ID No. 88854		2. Name of Corporation MED TECH., INC.			
3. Street Address Principal Business Office 19 MENDON AVENUE			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 4017269907		5. State of Incorporation RHODE ISLAND			6. SIC Code 6650
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE AMBULANCE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary R. Reis			Vice President Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Gary R. Reis			Treasurer Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary R. Reis			Director Name None		
Street Address 86 Naushon Road			Street Address None		
City Pawtucket	State RI	Zip 02861	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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 COMM NO PAR VALUE			100	Common	No Par Value

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



8 8 8 5 4

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
Gary R. Reis
Print or Type Name of Officer
President
Title of Officer

Date
1-27-04

88854 DBC 01/20/04 02:19:54 PM

File Date 3/4/04

Check No. 3740

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88854		2. Name of Corporation MED TECH, INC.			
3. Street Address Principal Business Office 19 Mendon Avenue			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-726-9907		5. State of Incorporation RHODE ISLAND			6. SIC Code 6650
7. Brief Description of the Character of Business Conducted in Rhode Island To provide ambulance services and any and all other legal purposes.					
President Name GARY R. REIS			Vice President Name GARY R. REIS		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name GARY R. REIS			Treasurer Name GARY R. REIS		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name GARY R. REIS			Director Name None		
Street Address 86 Naushon Road			Street Address .		
City Pawtucket	State RI	Zip 02861	City .	State .	Zip .
Director Name None			Director Name None		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 COMM NO PAR VALUE			100	COMMON	NO PAR

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



8 8 8 5 4

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

President - Gary R. Reis

Print or Type Name of Officer

President

Title of Officer

File Date

4-29-03

Check No.

2998

By

22

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

88854

2. Name of Corporation

MED TECH., INC.

3. Street Address Principal Business Office

19 Mendon Avenue

City

Pawtucket

State

RI

Zip

02861

4. Business Phone No.

401-726-9907

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6650

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

To provide ambulance services and any and all other legal purposes.

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

President Name

Gary R. Reis

Vice President Name

Gary R. Reis

Street Address

86 Naushon Road

Street Address

86 Naushon Road

City

Pawtucket

State

RI

Zip

02861

City

Pawtucket

State

RI

Zip

02861

Secretary Name

Gary R. Reis

Treasurer Name

Gary R. Reis

Street Address

86 Naushon Road

Street Address

86 Naushon Road

City

Pawtucket

State

RI

Zip

02861

City

Pawtucket

State

RI

Zip

02861

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

Director Name

Gary R. Reis

Director Name

None

Street Address

86 Naushon Road

Street Address

City

Pawtucket

State

RI

Zip

02861

City

State

Zip

Director Name

None

Director Name

None

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR

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



* 8 8 8 5 4 *

File Date:

3/27/2002

Check No.:

1888

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

Gary R. Reis

Print or Type Name of Officer

Secretary

Title of Officer

3/13/02

Date



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. **88854** 2. Name of Corporation **MED TECH, INC.**
3. Street Address Principal Business Office **140 Smithfield Avenue** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **726-9907** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6650**

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

To provide ambulance services and any and all other legal purposes.

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

President Name GARY R. REIS	Vice President Name JOHN ALMON
Street Address 86 Naushon Road	Street Address 90 Naushon Road
City Pawtucket State RI Zip 02861	City Pawtucket State RI Zip 02861
Secretary Name JOHN ALMON	Treasurer Name GARY R. REIS
Street Address 90 Naushon Road	Street Address 86 Naushon Road
City Pawtucket State RI Zip 02861	City Pawtucket State RI Zip 02861

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

Director Name None	Director Name None
Street Address	Street Address
City None State None Zip None	City None State None Zip None
Director Name None	Director Name None
Street Address	Street Address
City None State None Zip None	City None State None Zip None

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
100	COMMON	NO PAR

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

File Date: 4/12/2001

Check No.: 1204

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

GARY R. REIS

Print or Type Name of Officer

President

Title of Officer

2-22-2001

Date



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.

2. Name of Corporation

88854

MED TECH., INC.

3. Street Address Principal Business Office

140 Smithfield Avenue

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

726-9907

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6650

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

To provide ambulance services and any and all other legal purposes.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

GARY R. REIS

Street Address

86 Naushon Road

City

Pawtucket

State

RI

Zip

02861

Secretary Name

JOHN ALMON

Street Address

90 Naushon Road

City

Pawtucket

State

RI

Zip

02861

Vice President Name

JOHN ALMON

Street Address

90 Naushon Road

City

Pawtucket

State

RI

Zip

02861

Treasurer Name

GARY R. REIS

Street Address

86 Naushon Road

City

Pawtucket

State

RI

Zip

02861

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

800 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



* 8 8 8 5 4 *

File Date: 2-29-00

Check No: 9302

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

Date

GARY R. REIS

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
401-222-3040

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. 88854		2. Name of Corporation MED TECH., INC.	
3. Street Address Principal Business Office 140 Smithfield Avenue		City Pawtucket	State RI
4. Business Phone No. 726-9907		5. State of Incorporation RHODE ISLAND	
6. SIC Code 8850		7. Zip 02860	
7. Brief Description of the Character of Business Conducted in Rhode Island To provide ambulance services and any and all other legal purposes.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name GARY R. REIS		Vice President Name JOHN ALMON	
Street Address 86 Naushon Road		Street Address 90 Naushon Road	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name JOHN ALMON		Treasurer Name GARY R. REIS	
Street Address 90 Naushon Road		Street Address 86 Naushon Road	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		Zip 	
Director Name None		Director Name None	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		Zip 	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
800 SHS COMM NO PAR VALUE		100	Common
Par Value			No Par

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



* 8 8 8 5 4 *

File Date: **APR 10 1999**

Check No.: **APR 10 1999**

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] **3-25-99**
Signature of Officer Date

GARY R. REIS

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 FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88854 2. Name of Corporation MED TECH, INC.
3. Street Address Principal Business Office 140 Smithfield Avenue City Pawtucket State RI Zip 02860
4. Business Phone No. 726-9907 5. State of Incorporation RHODE ISLAND 6. SIC Code 6650

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

To provide ambulance services and any and all other legal purposes.

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

President Name

Gary R. Reis

Street Address

86 Naushon Road

City Pawtucket State RI Zip 02861

Secretary Name

John Almon

Street Address

90 Naushon Road

City Pawtucket State RI Zip 02861

Vice President Name

John Almon

Street Address

90 Naushon Road

City Pawtucket State RI Zip 02861

Treasurer Name

Gary R. Reis

Street Address

86 Naushon Road

City Pawtucket State RI Zip 02861

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

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

Director Name

None

Street Address

City State Zip

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

100 Common No Par

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

File Date: 4.21.98

Check No.: 7926

By: WP

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 4-16-98 Date

GARY R. REIS

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88854** 2. Name of Corporation **MED TECH., INC.**

3. Street Address Principal Business Office
655 Roosevelt Avenue

City
Pawtucket

State
RI

Zip
02860

4. Business Phone No.
(401) 726-9907

5. State of Incorporation
RHODE ISLAND

6. SIC Code
6650

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide ambulance services and any and all other legal purposes

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

President Name
Gary R. Reis

Street Address
86 Naushon Road

City
Pawtucket State
RI Zip
02861

Vice President Name
John Almon

Street Address
90 Naushon Road

City
Pawtucket State
RI Zip
02861

Secretary Name
John Almon

Street Address
90 Naushon Road

City
Pawtucket State
RI Zip
02861

Treasurer Name
Gary R. Reis

Street Address
86 Naushon Road

City
Pawtucket State
RI Zip
02861

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

Director Name

Street Address

City
State
Zip

Director Name

Street Address

City
State
Zip

Director Name

Street Address

City
State
Zip

Director Name

Street Address

City
State
Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

800 SHS COMM NO PAR VALUE

ISSUED SHARES

Number of Shares Class/Series Par Value

none

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



* 8 8 8 5 4 *

File Date: **3/7/97**

Check No.: **3647**

By: **u**

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 **Gary R. Reis** Date **2/27/97**

Gary R. Reis, President/Treasurer
Print or Type Name of Officer

Title of Officer