

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Str. Providence, RI 02903-13.

401.222.30 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 BIACK) 1. Corporate ID No. 2. Name of Corporation 99659 RHODE ISLAND EM-I SERVICES, INC. City State Dallas 5. State of Incorporation 6. SIC Code 9217 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL SERVICES AND SERVICES ANCILLARY THERETO. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address State State ZIP City Secretary Name Treasurer Name Street Address Street Address City State Z(p City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State City State Zip Director Name Director Name Street Address Street Address City State 7.10 City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Par Value Class/Series Class/Series

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

	99659
Check No. MAR 3 1 By: By FOR SECRETARY OF STATE	<u> </u>

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1,000 \$0.01 PAR VALUE

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Under penalty of perjury, I declare and af	firm that Lhave examined this repo
including any accompanying schedules at contained herein are true and correct.	nd statements, and that all statements
ManIM	114105
Signature (S) Officer	Dite
CIRCULA J. BYVN Prini or Type Name of Difficer	e.MO
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12/03

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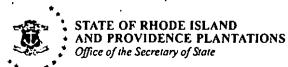


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divis 100 North Main St Providence, RI 02903-1 401.222.3

Matthew A. Brown, Secretary of State

PROFIT CORPO Filing Period: January 1 - 1 (FORM MUST BE TYPED OR PRI	March I • Filin	NUAL REPORT g Fee: \$50.00	FOR THE YE	AR2004			
1. Corporate II) No. 99659	1 ' '	2. Name of Corporation RHODE ISLAND EM-I SERVICES, INC.					
3. Street Address Principal Business Mu 5			Dullas	State TX	24p 15201		
1 Business Phone No. (214) 112-200	<u> </u>	5. State of Incorporation RHODE ISLAND			6. SIC Code 9217		
	SERVICES AND SERV	ICES ANCILLARY THER					
8. NAMES AND ADDRESSE President Name GYEGOVY J. J.		e con box for atta	CHMENT) [FILL, Î	N SPACES BEFORE USING A	TTACHMENTS		
Sirce Address Main St	. 5TC. 5200		Street Address				
DGHAS- Secretary Name	State TX	^{2.10} 1520	City Treasurer Name	State	Zip~		
Street Address			Street Address				
Cuy	State	Zip	City	State	Zip		
9. NAMES AND ADDRESSE Director Name Greavy J. 1 Strict Address 1111 Man St.		le officer)	Director Name Street Address	IN SPACES BEFORE USING			
Dalla5 Director Name	State TX	²⁴⁰ 15201	City Director Name	State	Zip		
Street Address			Street Address				
City:	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	("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		
1,000 \$0.01 PAR VALUE			1,000	Cemmon	0.01		
This report must be # 9 File Date 48 000 Check No. 1000 1	signed in ink by cith	ner the President, Vice P	Under penalty of including any acc	perjury. I declare and affirm that companying schedules and statem are line and correct. J. J. J. J. J. V. M. J. J. V. M. J. J. V. M. J. J. V. M. J. J. V. M. J. J. J. J. V. M. J. J. J. J. V. M. J. J. J. J. V. M. J. J. J. J. V. M. J. J. J. V. J. J. J. J. V. M. J. J. J. J. V. J. J. J. J. V. J. J. J. J. V. J. J. J. J. J. V. J. J. J. J. V. J.	I have examined this rej		
FOR SECRETARY OF S	TATE USE ONLY	_	Title of Officer	<u> </u>	Form 630 Pey 12/03		



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 2003

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *99659* RHODE ISLAND EM-I SERVICES, INC. 3. Street Address Principal Business Office Zio 1717 MAIN STREET, STE. 5200 **DALLAS** ΤX 75201-4. Business Phone No. 5. State of Incorporation 6. SIC Code 214-712-2000 RHODE ISLAND 7732 7. Brief Description of the Character of Business Conducted in Rhode Island Physician staffing and medical billing services to hospitals 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gregory J. Byrne (SOLE OFF ICER) Street Address Street Address 1717 Main St, Ste#5200 City State Zip State Zip Dallas ТX 75201 Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gregory J. Byrne Street Address Street Address 1717 Main St, Ste#5200 City State State Zιρ City Zip Dallas 75201 ΤX Director Name Director Name Street Address Street Address State City 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 Number of Shares Par Value Class/Series Par Value Class/Series 10。件 1,000 1,000 \$0.01 PAR VALUE (OMM 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. *99659 DBC2/13/035:01:20 PM* File Date Signifluse of Offices Check No. Gregory J. Byrne Hrint or Type Name of President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

Edward S. Inman, III, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

99659

RHODE ISLAND EM-I SERVICES, INC.

3. Street Address Principal Business Office

1717 Main St Ste 5200

5. State of Incorporation

State TX

75201

Zip

4 Business Phone No. 214-712-2000

RHODE ISLAND

6. SIC Code 9217

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

Physician Staffing

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

President Name

Gregory J. Byrne

Street Address

1717 Main St Ste 5200

State Tx Zio

75201

City Dallas

Street Address

Gregory J. Byrne

City

Dallas

1717 Main St Ste 5200 State

Тx

75201

Dallas Secretary Name

Gregory J. Byrne

Street Address

1717 Main St Ste 5200

Gregory J. Byrne Street Address

Treasurer Name

1717 Main St Ste5200 State

Dallas

Tx

75201

75201

Dallas

Tx

75201

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

Gregory J. Byrne

Street Address

1717 Main St Ste 5200

Dallas

State Tx

City

City

Zip

Director Name

Street Address

Street Address

Director Name Street Address

City

City

State

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

2,10

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

AUTHORIZED SHARES

Number of Shares

Class/Sertes

Par Value

ISSUED SHARES . Number of Shares

Class/Serles

Par Value

1,000 \$0.01 PAR VALUE

COMMON

1,000

Common

101

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.

<u>Gregory.</u> Type Name of Officer

Form 630 12/01



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. 99659 2. Name of Corporation

RHODE ISLAND EM-I SERVICES, INC.

3. Street Address Principal Business Office

1717 Main Street, Suite 5200 s

State of Incorporation

RHODE ISLAND

Dallas

State TX

75201 9217

Zip

214-712-2000 7. Brief Description of the Character of Business Conducted in Rhode Island

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

Gregory J. Byrne, MD

1717 Main Street, Suite 5200

Dallas Secretary Name

Texas

75201

1717 Main Street, Suite 5200

Gregory J. Byrne, MD

Dallas Treasurer Name

Texas

75201

75201

Gregory J. Byrne, MD

1717 Main Street, Suite 5200

Gregory J. Byrne, MD

1717 Main Street, Suite 5200

75201 Dallas Texas Dallas 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Gregory J. Byrne, MD

1,000 \$0.01 PAR VALUE

1717 Main Street, Suite 5200

Texas

Street Address

City

State

Zip

Dallas

75201

Director Name

Street Address

Street Address

State

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$.01

Date

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, igcluding any accompanying schedules and statements, an that all stagements contained herein pen true and correct. 02/26/01

Gregory

Print or Type Name of Officer President

Title of Officer

Form 630 12/0

James R. Langevin, Secretary of St. Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 filling Period: January 1-March 1 • Filing Fee: \$50.00

IFORM MUST BE TYPED IN BL	ACK)				`
1. Carporali ID No. 99659	2. Name of Corporat RHODE ISL	ion AND EM-I SERVI	CES, INC.		·
3. Sneet Adkess Principal Busines.	s Office		City	^r State	Zip
1717 Main St	reet, Suite	5200	Dallas	Texas	75201
4. Basiness thone No.		5. State of Incorporat	lon	•	6. SIC Code
214-712-2494		RHODE ISLA	IND		9217
7. Brief Description of the Characte Physician St		n Rhode Island			
8. NAMES AND ADDREST testient Name	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Gregory J. B	yrne, MD		Gregory J.	Byrne, MD	
Street Address	•		Street Address	,	
1717 Main St	reet, Suite	5200	1717 Main	Street, Suite	5200
City	State	Zip	City	State	Zip
Dallas	Texas	75201	Dallas	' Texas	75201
Secretary Name		• .	Treasurer Name		
Gregory J. B	yrne, MD		Gregory J.	Byrne, MD	
Street Address	•	-	Street Address	•	
1717 Main St	reet, Suite	5200	1717 Main	Street, Suite	5200
City	State	ZIp	City	State	Zip
Dallas	Texas	75201	Dallas	Texas	75201
9. NAMES AND ADDRE	SSES OF THE DIRE	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTA	CHMENTS
Gregory J. B	yrne, MD				
Street Address			Street Address		
1717 Main St	reet, Suite	5200	•		
City	State	Zip	Clry	State	Zip
Dallas	Texas	75201			_
Director Name		• • • •	Director Name	•• •	
Street Address			Street Address		
City	State	ZIP	City	State	Zip
10. SHARES AUTHORIZ!	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$0.01 PAR	VALUE		1,000	Common	\$.01

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

	* 9 9 6 5 9 *
File Date:	1/31/00
Check No :	1000049369
Ву:	<u> </u>
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ar that all statements contained herein over true and correct. 01/13/200

Byrne Gregory J.

Print or Type Name of Officer President

Title of Officer



100 North Main Street, Providence, RI 02903-1

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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Fį	lir	g	Рe	riod	: Janua	ry 1	-March 1	•	Filing Fee: \$50	0.00			

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TATASERIA INSTRUCTIO

(FORM MUST BE TYPED	IN BLACK)			_	
1. Corporate ID No.	2. Name of Corpo		50 WO	•	
99659		AND EM-I SERVIC			
: 3. Street Address Principal B			City	State	Zip
	lņ Street, Suit		Dallas	<u>T</u> X _	75201
4 Business Phone No	2022	5 State of Incorpora RHODE ISL			6. SIC Code
214/712-	-ZUUU haracter of Business Conducte				9217
•		a in Knoue islana			
•	nn Services DRESSES OF THE OF	TICEDS (*V* BOY FOR A	TTACUMENT) FILLIN SDACE	ES BEFORE USING ATT	ACHMENTS
President Name	DRESSES OF THE OF	PICERS (A BOA FOR A	Vice President Name	S BEI ORE OSENS AT I	RCIENTE
James E.	Provo, MD				
Street Address			Street Address		
1717 Mai	n Street, Suite	≥ 5200			
City	State	. I Z ip	City	State	Zip
Dallas	TX	75201			
Secretary Name		·	Treasurer Name	• •	
James E.	Provo		:		
Street Address			Street Address		
SAME					
City	State	Zip	Cuy	State	Zip .
Director Name	DRESSES OF THE DI	RECTORS (*X* BOX FO	R ATTACHMENT) . FILL IN SPA Director Name	CES BEFORE USING A	ITACHMENTS
Street Address	riovo, rib		Street Address		
	in Street, Suite	5200			
· City	State	Zip	City	State	. Zip
Dallas	TX	75201			
Director Name			Director Name	• •	
Street Address			Street Address		•••
1 					
City	State	Zιp	City	State	Zip
10. SHARES AUTHO	DRIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED) (*X" BOX FOR ATTACHM	ENT)
Number of Shares	'Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$0.01 PAR	VALUE		1,000		\$0.01

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

Title of Officer

	* 9 9 6 5 9 *
File Date:	1000026407
Check No :	1000026407
ByFOR SECRETARY	OF STATE USE ONLY

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Under penaky of perjury, I declare ai	nd affirm that I have examined
this report, including any accompany	ying schedules and statements, a
that all/statements contained herein.	are true and correct.
\mathbb{H}_{2}	2/12/90
Signature of Officer	Date
James E. Provo, MD	1 (
Print or Type Name of Officer	
President	