



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 02903-13
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 BLACK)

1. Corporate ID No. 99659		2. Name of Corporation RHODE ISLAND EM-I SERVICES, INC.			
3. Street Address Principal Business Office 1717 Main St. Ste. 5200		City Dallas		State TX	Zip 75201
4. Business Phone No. (214) 712-2000		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory J. Byrne (Sole officer)			Vice President Name		
Street Address 1717 Main St. Ste. 5200			Street Address		
City Dallas	State TX	Zip 75201	City	State	Zip
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory J. Byrne			Director Name		
Street Address 1717 Main St. Ste. 5200			Street Address		
City Dallas	State TX	Zip 75201	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
1,000 \$0.01 PAR VALUE			1,000	Common	0.01

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



99659

File Date **FILED**

Check No. MAR 31 2005

By **By**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Gregory J. Byrne, MD

Print or Type Name of Officer

President

Title of Officer

11/4/05
Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

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. 99659		2. Name of Corporation RHODE ISLAND EM-I SERVICES, INC.			
3. Street Address Principal Business Office 1717 Main St. Ste. 5200		City Dallas		State TX	Zip 75201
4. Business Phone No. (214) 712-2000		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory J. Byrne (Sole Officer)			Vice President Name		
Street Address 1717 Main St. Ste. 5200			Street Address		
City Dallas	State TX	Zip 75201	City	State	Zip
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory J. Byrne (Sole Officer)			Director Name		
Street Address 1717 Main St. Ste. 5200			Street Address		
City Dallas	State TX	Zip 75201	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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$0.01 PAR VALUE		1,000	Common	0.01
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 9 9 6 5 9 *

File Date 4/8/04
Check No. 1000119390
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

Gregory J. Byrne

Print or Type Name of Officer

President

Title of Officer

Date 1/23/04



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 2003

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, STE. 5200			City DALLAS	State TX	Zip 75201-
4. Business Phone No. 214-712-2000		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory J. Byrne (SOLE OFFICER)			Vice President Name		
Street Address 1717 Main St, Ste#5200			Street Address		
City Dallas	State TX	Zip 75201	City	State	Zip
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory J. Byrne			Director Name		
Street Address 1717 Main St, Ste#5200			Street Address		
City Dallas	State TX	Zip 75201	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
1,000 \$0.01 PAR VALUE			1,000	COMM	\$.01

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



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99659 DBC2/13/035:01:20 PM

File Date 4-17-03
10000706421

Check No. _____

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

Gregory J. Byrne

Print or Type Name of Officer

President

Title of Officer

Date

2/20/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 15 • 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

City

Dallas

State

TX

Zip

75201

4. Business Phone No.

214-712-2000

5. State of Incorporation

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**

President Name

Gregory J. Byrne

Vice President Name

Gregory J. Byrne

Street Address

1717 Main St Ste 5200

Street Address

1717 Main St Ste 5200

City

Dallas

State

Tx

Zip

75201

City

Dallas

State

Tx

Zip

75201

Secretary Name

Gregory J. Byrne

Treasurer Name

Gregory J. Byrne

Street Address

1717 Main St Ste 5200

Street Address

1717 Main St Ste 5200

City

Dallas

State

Tx

Zip

75201

City

Dallas

State

Tx

Zip

75201

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

Director Name

Gregory J. Byrne

Director Name

Street Address

1717 Main St Ste 5200

Street Address

City

Dallas

State

Tx

Zip

75201

City

Dallas

State

Tx

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$0.01 PAR VALUE

Common

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$0.01

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



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4-17-02

File Date:

Check No.: 1000091682

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

Gregory J. Byrne

Print or Type Name of Officer

President

Title of Officer

Date

2/28/02



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

Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30



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 City State Zip
1717 Main Street, Suite 5200 Dallas TX 75201
4. Business Phone No. 5. State of Incorporation
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

President Name

Vice President Name

Gregory J. Byrne, MD

Gregory J. Byrne, MD

Street Address

Street Address

1717 Main Street, 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. Byrne, MD

Gregory J. Byrne, MD

Street Address

Street Address

1717 Main Street, Suite 5200

1717 Main Street, Suite 5200

City State Zip

City State Zip

Dallas Texas 75201

Dallas Texas 75201

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

Director Name

Director Name

Gregory J. Byrne, MD

Street Address

Street Address

1717 Main Street, Suite 5200

City State Zip

City State Zip

Dallas Texas 75201

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

1,000 \$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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 Trustee



* 9 9 6 5 9 *

File Date: 3/5

Check No.: 100007289.1

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

02/26/01

Date

Gregory J. Byrne

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 Divis.
100 North Main Street, Providence, RI 02903-13
401-222-3000

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. **99659** 2. Name of Corporation **RHODE ISLAND EM-I SERVICES, INC.**

3. Street Address Principal Business Office **1717 Main Street, Suite 5200** City **Dallas** State **Texas** Zip **75201**
4. Business Phone No. **214-712-2494** 5. State of Incorporation **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**

President Name Gregory J. Byrne, MD Street Address 1717 Main Street, Suite 5200 City Dallas State Texas Zip 75201 Secretary Name Gregory J. Byrne, MD Street Address 1717 Main Street, Suite 5200 City Dallas State Texas Zip 75201	Vice President Name Gregory J. Byrne, MD Street Address 1717 Main Street, Suite 5200 City Dallas State Texas Zip 75201 Treasurer Name Gregory J. Byrne, MD Street Address 1717 Main Street, Suite 5200 City Dallas State Texas Zip 75201
--	---

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

Director Name Gregory J. Byrne, MD Street Address 1717 Main Street, Suite 5200 City Dallas State Texas Zip 75201	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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

By: zc

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

Gregory J. Byrne

Print or Type Name of Officer

President

Title of Officer

Date
01/13/2000



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

James K. Langevin, Secretary of State
Corporations Div.
100 North Main Street, Providence, RI 02903-1
401-222-3

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. **99659** 2. Name of Corporation **RHODE ISLAND EM-I SERVICES, INC.**
3. Street Address Principal Business Office City State Zip
1717 Main Street, Suite 5200 Dallas TX 75201
4. Business Phone No. 5. State of Incorporation 6. SIC Code
214/712-2000 RHODE ISLAND 9217
7. Brief Description of the Character of Business Conducted in Rhode Island
Physician Services

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

President Name James E. Provo, MD Street Address 1717 Main Street, Suite 5200 City State Zip Dallas TX 75201	Vice President Name Street Address City State Zip
Secretary Name James E. Provo Street Address SAME City State Zip 	Treasurer Name Street Address City State Zip

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

Director Name James E. Provo, MD Street Address 1717 Main Street, Suite 5200 City State Zip Dallas TX 75201	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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 Trustee.



* 9 9 6 5 9 *

File Date: **4/15/99**
Check No.: **1000026407**
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 **2/12/99**
James E. Provo, MD
Print or Type Name of Officer
President
Title of Officer