



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. 39592		2. Name of Corporation Garden City Treatment Center, Inc.			
3. Street Address Principal Business Office 1150 RESERVOIR AVE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019462400		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EMERGENCY ROOM MEDICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Adib Mechrefe			Vice President Name None		
Street Address 1150 Reservoir Avenue			Street Address .		
City Cranston	State RI	Zip 02920	City .	State .	Zip .
Secretary Name Adib Mechrefe			Treasurer Name Adib Mechrefe		
Street Address 1150 Reservoir Avenue			Street Address .1150 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
4,000	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



3 9 5 9 2

File Date 2/2/05
Check No. 20874
By: W.
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.

Adib Mechrefe
Signature of Officer _____ Date 7/28/05
Adib Mechrefe
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 IN BLACK)

1. Corporate ID No. 39592
2. Name of Corporation Garden City Treatment Center, Inc.

3. Street Address Principal Business Office 1150 RESERVOIR AVE
City CRANSTON State RI Zip 02920

4. Business Phone No. 4019462400
5. State of Incorporation RHODE ISLAND
6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE EMERGENCY ROOM MEDICAL SERVICES

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

President Name Adib Mechrefe	Vice President Name None
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip

Secretary Name Adib Mechrefe	Treasurer Name Adib Mechrefe
Street Address 1150 Reservoir Avenue	Street Address 1150 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name None	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
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



3 9 5 9 2

39592 DBC 02/05/04 08:36:48 AM
File Date 2/11/04
Check No. 14573
By: KML
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.

Adib Mechrefe 2/10/04
Signature of Officer Date
Adib Mechrefe
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 IN BLACK)

1. Corporate ID No. *39592*		2. Name of Corporation Garden City Treatment Center, Inc.		
3. Street Address Principal Business Office 1150 RESERVOIR AVE		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401946-2400		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EMERGENCY ROOM MEDICAL SERVICES				

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

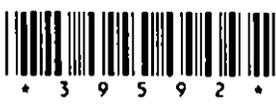
President Name Adib Mechrefe			Vice President Name None		
Street Address 1150 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Adib Mechrefe			Treasurer Name Adib Mechrefe		
Street Address 1150 Reservoir Avenue			Street Address 1150 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	Street Address		Director Name	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
4,000	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



**39592* 1/21/03 11:50:37 AM*

File Date 2-6-03

Check No. 18267

By: KMC

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 2/1/03

Print or Type Name of Officer
Adib Mechrefe

President
Title of Officer

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39592** 2. Name of Corporation **Garden City Treatment Center, Inc.**
3. Street Address Principal Business Office **1150 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **946-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island
To provide emergency room medical services

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

President Name Adib Mechrefe	Vice President Name None
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Secretary Name Adib Mechrefe	Treasurer Name Adib Mechrefe
Street Address 1150 Reservoir Avenue	Street Address 1150 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name None	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
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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

File Date: 5/7/2002
Check No.: 17214
By: [Signature]

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: 5-1-02
Adib Mechrefe
Print or Type Name of Officer
President
Title of Officer



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. **39592** 2. Name of Corporation **Garden City Treatment Center, Inc.**

3. Street Address Principal Business Office
1150 Reservoir Avenue City Cranston State RI Zip 02920
4. Business Phone No. 946-2400 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide emergency room medical services

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

President Name Adib Mechrefe	Vice President Name None
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Secretary Name Adib Mechrefe	Treasurer Name Adib Mechrefe
Street Address 1150 Reservoir Avenue	Street Address 1150 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name None	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
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 3 9 5 9 2 *

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: **FILED**
Check No.: **FEB 22 2001**
By: **By (e. 15/06)**
FOR SECRETARY OF STATE USE ONLY

Signature of Officer **Adib Mechrefe** Date **2-19-01**
Print or Type Name of Officer
President
Title of Officer

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. **39592** 2. Name of Corporation **Garden City Treatment Center, Inc.**

3. Street Address Principal Business Office City State Zip
1150 Reservoir Avenue **Cranston** **RI** **02920**

4. Business Phone No. **946-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide emergency room medical services

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

President Name Adib Mechrefe	Vice President Name None
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip

Secretary Name Adib Mechrefe	Treasurer Name Adib Mechrefe
Street Address 1150 Reservoir Avenue	Street Address 1150 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name None	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
4,000 SHS NO PAR		

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

ISSUED SHARES		
Number of Shares	Class/Series	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



* 3 9 5 9 2 *

File Date: **FILED**

Check No.: **FEB 03 2000**

By: **CC14221**

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.

Adib Mechrefe
Signature of Officer Date **2-2-00**
Adib Mechrefe
Print or Type Name of Officer
President
Title of Officer



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. 39592		2. Name of Corporation Garden City Treatment Center, Inc.			
3. Street Address Principal Business Office 1150 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 946-2400		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island To provide emergency room medical services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Adib Mechrefe			Vice President Name None		
Street Address 1150 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Adib Mechrefe			Treasurer Name Adib Mechrefe		
Street Address 1150 Reservoir Avenue			Street Address 1150 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR			100	Common	No Par Value
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



* 3 9 5 9 2 *

FILED

File Date: FEB 09 1999

Check No.: By: Ce. 12867/PC

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: _____ Date: 2-1-99

Adib Mechrefe
Print or Type Name of Officer

President
Title of Officer



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. **39592** 2. Name of Corporation **Garden City Treatment Center, Inc.**
3. Street Address Principal Business Office **1150 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **946-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide emergency room medical services

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

President Name Adib Mechrefe	Vice President Name None
Street Address 1150 Reservoir Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Adib Mechrefe	Treasurer Name Adib Mechrefe
Street Address 1150 Reservoir Avenue	Street Address 1150 Reservoir Avenue
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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

Director Name None	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
4,000 SHS NO PAR

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

ISSUED SHARES
Number of Shares Class/Series 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



* 3 9 5 9 2 *

File Date: 1/28/98
Check No.: 11571
By: [Signature]

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] 1-26-98
Signature of Officer Date

Adib Mechrefe
Print or Type Name of Officer
President
Title of Officer



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. **39592** 2. Name of Corporation **Garden City Treatment Center, Inc.**
3. Street Address Principal Business Office **1150 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-2400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide emergency room medical services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **Adib Mechrefe** Vice President Name **NONE**
Street Address **1150 Reservoir Avenue** Street Address
City **Cranston,** State **RI** Zip **02920** City State Zip
Secretary Name **Adib Mechrefe** Treasurer Name **Adib Mechrefe**
Street Address **1150 Reservoir Avenue** Street Address **1150 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **NONE** 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR			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



File Date: 2-5-97
Check No: 10316
By: ICP / SEC

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: Adib Mechrefe Date: 1-30-97
Print or Type Name of Officer: Adib Mechrefe
Title of Officer: President

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. 39592		2. NAME OF CORPORATION Garden City Treatment Center, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1150 Reservoir Avenue			CITY Cranston	STATE RI	ZIP CODE 02920
4. BUSINESS PHONE NO. (401) 946-2400		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To provide emergency room medical services					

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Adib Mechrefe			VICE PRESIDENT NAME		
STREET ADDRESS 1150 Reservoir Avenue			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
SECRETARY NAME Adib Mechrefe			TREASURER NAME Adib Mechrefe		
STREET ADDRESS 1150 Reservoir Avenue			STREET ADDRESS 1150 Reservoir Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston	STATE RI	ZIP CODE 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	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
4,000 SHS NO PAR	Common	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

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: 3/28/96
Check No: 9201
By: CP

Signature of Officer
Adib Mechrefe
Print or Type Name of Officer
President
Title of Officer
3/28/96
Date

For Secretary of State Use Only

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

Corporate ID: 0039592 Annual Report for the year: 1995

Name of Corporation: Garden City Treatment Center, 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)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1150 Reservoir Avenue
Cranston, RI 02920
 Phone: (401) 946-2400

Brief statement of the character of business conducted in Rhode Island:
To provide emergency room medical services

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Adib Mechrefe	1150 Reservoir Avenue	Cranston, RI	02920
VICE PRESIDENT			
SECRETARY Adib Mechrefe	1150 Reservoir Avenue	Cranston, RI	02920
TREASURER Adib Mechrefe	1150 Reservoir Avenue	Cranston, RI	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	Common	100	Common

Date 2-14-95 By: Adib Mechrefe
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

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.

ROBERT D. WIECK
 101 DYER STREET
 PROVIDENCE RI 02903

PAID
 MAR 01 1995
 SECY OF STATE
 EX # 7902 *de*

Filing Fee \$50.00
Payable to:
Secretary of State

State of Rhode Island and Providence Plantations
Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
(401) 277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 39592 Annual Report for the year: 1994
Name of Business Entity: GARDEN CITY TREATMENT CENTER, INC.

BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLAND

Federal Taxpayer Identification Number: [REDACTED]

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

N/A

phone: _____

Address and telephone of principal office of business entity in Rhode

Island (Provide Street Address - Not P.O. Box):

1150 Reservoir Avenue, Cranston, RI 02910

phone: (401) 946-2400

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Limited Liability Company (See RIGL 7-18)

Name, title and mailing address of contact person to whom communications may be directed:

Adib, Mechrefe, President
1150 Reservoir Avenue, Cranston, RI 02910

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

operation of a medical emergency center

Date of Organization: 8/1/86

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Adib Mechrefe, 1150 Reservoir Avenue, Cranston, RI 02910

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Adib Mechrefe, same as above

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Adib Mechrefe, same as above

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

N/A

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 4,000

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

DATE: March 7, 1994

BY: Adib Mechrefe, M.D.

FILED

MAR 9 1994

By ME596739

ADIB MECHREFE
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Filing Fee \$50.00

579216

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1993

FIRST: The name of the corporation is GARDEN CITY TREATMENT CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a medical emergency center

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

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue, Cranston, RI

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

Table with 3 columns: Name, Office, Address (including number, street, zip code). Rows include N/A, Adib Mechrefe (President, Vice President, Secretary, Treasurer) and their respective addresses.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 4,000, Common, --, No Par Value.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 100, Common, --, No Par Value.

Dated Feb 4 1993

GARDEN CITY TREATMENT CENTER, INC. (Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe M.D. Title President

PAID FEB 08 1993 SECY OF STATE

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1992

FIRST: The name of the corporation is Garden City Treatment Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a medical emergency center

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

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Adib Mechrefe	President	1150 Reservoir Avenue, Cranston, RI
	Vice President	
Adib Mechrefe	Secretary	1150 Reservoir Avenue, Cranston, RI
Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

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

AMT 72232
Rec'd & Filed *JAN 22 1992*

Dated Jan 11 1992

Garden City Treatment Center, Inc.
(Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe, MD.
Title President

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1991

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	Director	
	Director	
Adib Mechrefe	President	1150 Reservoir Avenue, Cranston, RI
	Vice President	
Adib Mechrefe	Secretary	1150 Reservoir Avenue, Cranston, RI
Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

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

2000

FEB 28 1991

Dated Jan 21 1991

Garden City Treatment Center, Inc.
(Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe M.D.
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1990

FIRST: The name of the corporation is Cranston Garden City Emergicenter, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a medical emergency center

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

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Adib Mechrefe	President	1150 Reservoir Avenue, Cranston, RI
	Vice President	
Adib Mechrefe	Secretary	1150 Reservoir Avenue, Cranston, RI
Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common		No Par Value

PAID

EIGHTH: Number of Shares issued:

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

FEB 21 1990
DEPT. OF STATE

Dated 2-15 1990

Cranston Garden City Emergicenter, Inc.
(Name of Corporation)

By Adib Mechrefe M.D.
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
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1987

FIRST: The name of the corporation is Cranston Garden City Emergicenter, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a medical emergency center

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

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue, Cranston, RI

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	Director	
	Director	
Adib Mechrefe	President	1150 Reservoir Avenue, Cranston, RI
	Vice President	
Adib Mechrefe	Secretary	1150 Reservoir Avenue, Cranston, RI
Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

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

Dated May 21 1987

Cranston Garden City Emergicenter, Inc.
(Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe M.D.
Title President

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 0039592 Annual Report for the year 1987
~~1989~~

FIRST: The name of the corporation is Cranston Garden City Emergicenter, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a medical emergency center

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

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	Director	
	Director	
Adib Mechrefe	President	1150 Reservoir Avenue, Cranston, RI
	Vice President	
Adib Mechrefe	Secretary	1150 Reservoir Avenue, Cranston, RI
Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	PAID MAR 21 1989	No Par Value

EIGHTH: Number of Shares issued:

SEC'Y OF STATE

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

Dated March 13 1989

Cranston Garden City Emergicenter, Inc.
(Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe
Title President

X

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0039592 Annual Report for the year 1988

FIRST: The name of the corporation is Cranston Garden City Emergicenter, Inc.

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	Director	
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Adib Mechrefe	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

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

Dated May 25 1989

Cranston Garden City Emergicenter, Inc.
(Name of Corporation)

(Report must be signed by an officer)

By Adib Mechrefe M.D.
Title President