



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 02903-1331
401.222.3030

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. 101462		2. Name of Corporation South County Podiatry Associates, Inc.		
3. Street Address Principal Business Office 70 Kenyon Avenue		City South Kingstown	State RI	Zip 02879
4. Business Phone No. (401) 789-8912		5. State of Incorporation RHODE ISLAND		6. SIC Code 9241
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PODIATRIC MEDICINE AND SURGERY.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John C. Zervos		Vice President Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI
Secretary Name John C. Zervos		Treasurer Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name John C. Zervos		Director Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
2,000 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



101462

File Date	6/20/05
Check No.	2162
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 John C. Zervos Date 6/10, 2005
John C. Zervos
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

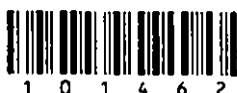
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101462		2. Name of Corporation South County Podiatry Associates, Inc.			
3. Street Address Principal Business Office 70 KENYON AVENUE		City SOUTH KINGSTOWN		State RI	Zip 02879-
4. Business Phone No. 4017898912		5. State of Incorporation RHODE ISLAND			6. SIC Code 9241
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PODIATRIC MEDICINE AND SURGERY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John C. Zervos		Vice President Name Eleni T. Pappas			
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name John C. Zervos		Treasurer Name Eleni T. Pappas			
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John C. Zervos		Director Name Eleni T. Pappas			
Street Address 70 Kenyon Avenue		Street Address 70 Kenyon Avenue			
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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
2,000 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



1 0 1 4 6 2

101462 DBC 02/05/04 02:55 PM
FILED
File Date
MAR 01 2004
Check No.
By 1830 GMA
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.

John Zervos 2/10/04
Signature of Officer Date
John C. Zervos
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 02903-1331
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. *101462*	2. Name of Corporation South County Podiatry Associates, Inc.		
3. Street Address Principal Business Office 70 KENYON AVENUE	City SOUTH KINGSTOWN	State RI	Zip 02879-
4. Business Phone No 4017898912	5. State of Incorporation RHODE ISLAND	6. SIC Code 9241	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PODIATRIC MEDICINE AND SURGERY.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John C. Zervos			Vice President Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name John C. Zervos			Treasurer Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John C. Zervos			Director Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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
2,000 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.



* 1 0 1 4 6 2 *

*101462 DBC1	8-26-03
File Date	1704
Check No.	2
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 John C. Zervos	Date 8/14/03
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 02903-1331
401-222-3041

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.

101462

2. Name of Corporation

South County Podiatry Associates, Inc.

3. Street Address Principal Business Office

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

4. Business Phone No.

789-8912

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9241

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

Practice of podiatric medicine and surgery.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John C. Zervos

Vice President Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Secretary Name

John C. Zervos

Treasurer Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

John C. Zervos

Director Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM 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



* 1 0 1 4 6 2 *

File Date: 4-30-02

Check No.: 1340

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]
Signature of Officer

John C. Zervos

Print or Type Name of Officer

President

Title of Officer

3/20/02
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 02903-13
401-277-3000

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. 101462 2. Name of Corporation South County Podiatry Associates, Inc.

3. Street Address Principal Business Office

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

4. Business Phone No.

789-8912

5. State of Incorporation

Rhode Island

6. SIC Code

9241

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

Practice of podiatric medicine and surgery.

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

President Name

John C. Zervos

Vice President Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Secretary Name

John C. Zervos

Treasurer Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

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

Director Name

John C. Zervos

Director Name

Eleni T. Pappas

Street Address

70 Kenyon Avenue

Street Address

70 Kenyon Avenue

City

South Kingstown

State

RI

Zip

02879

City

South Kingstown

State

RI

Zip

02879

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 COMM 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: 4-18-01

Check No.: 1170

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] 3/1/01 2001
Signature of Officer Date

John C. Zervos

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 02903-13
401-277-30



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		
101462		South County Podiatry Associates, Inc.		
3. Street Address Principal Business Office		City	State	Zip
350 KINGSTOWN Road, Room 201		Narragansett	RI	02882
4. Business Phone No.	5. State of Incorporation		6. SIC Code	
789-8912	Rhode Island		9241	
7. Brief Description of the Character of Business Conducted in Rhode Island				
Practice of podiatric medicine and surgery				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)				
President Name		Vice President Name		
John C. Zervos		Eleni T. Pappas		
Street Address		Street Address		
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201		
City	State	City	State	Zip
Narragansett	RI	Narragansett	RI	02882
Secretary Name		Treasurer Name		
John C. Zervos		Eleni T. Pappas		
Street Address		Street Address		
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201		
City	State	City	State	Zip
Narragansett	RI	Narragansett	RI	02882
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)				
Director Name		Director Name		
John C. Zervos		Eleni T. Pappas		
Street Address		Street Address		
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201		
City	State	City	State	Zip
Narragansett	RI	Narragansett	RI	02882
Director Name		Director Name		
Street Address		Street Address		
City	State	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
2,000	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

FILED

AUG 22 2000

File Date: _____
By: GC132

Check No.: _____

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.

John C. Zervos 8/16, 2000
Signature of Officer Date

John C. Zervos

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 02903-13
401-222-36



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.		2. Name of Corporation	
101462		South County Podiatry Associates, Inc.	
3. Street Address Principal Business Office		City	State
350 Kingstown Road, Room 201		Narragansett	RI
4. Business Phone No.		5. State of Incorporation	6. SIC Code
789-8912		RHODE ISLAND	9241
7. Brief Description of the Character of Business Conducted in Rhode Island			
Practice of podiatric medicine and surgery			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name		Vice President Name	
John C. Zervos		Eleni T. Pappas	
Street Address		Street Address	
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201	
City	State	City	State
Narragansett	RI	Narragansett	RI
Zip		Zip	
02882		02882	
Secretary Name		Treasurer Name	
John C. Zervos		Eleni T. Pappas	
Street Address		Street Address	
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201	
City	State	City	State
Narragansett	RI	Narragansett	RI
Zip		Zip	
02882		02882	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
John C. Zervos		Eleni T. Pappas	
Street Address		Street Address	
350 Kingstown Road, Room 201		350 Kingstown Road, Room 201	
City	State	City	State
Narragansett	RI	Narragansett	RI
Zip		Zip	
02882		02882	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 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.



File Date: 6-22-99

Check No: 953

By: AMF

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

John C. Zervos

Print or Type Name of Officer

President

Title of Officer

Date: 1999