

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

Corporations Division 100 North Main Stra Providence, RI 02903-13: 401-222-20.

Corporule II) No. 101462	2. Name of Corporation South County P	odiatry Associates, Inc.			
Street Address Principal Business O O Kenyon Avenue	-		South Kingstow	State n RI	<i>z.ιρ</i> 02879
Business Phone No. 401) 789-8912		5. State of Incorporation RHODE ISLAND			6. SIC Code 9241
Brief Description of the Character of THE PRACTICE OF POD	f Business Conducted in I IATRIC MEDICINE A	Rhode Island ND SURGERY.			
NAMES AND ADDRESSES resident Name John C. Zervos	OF THE OFFICERS	("X" BOX FOR ATTA	Vice President Name	ACES BEFORE USING	G ATTACHMENTS
rca Address O Kenyon Avenue	·	-	Eleni T. Pappas Street Address 70 Kenyon Avenu		
outh Kingstown	State RI	02879	City South Kingstowr	State	^{2φ} 02879
John C. Zervos		Ireasurer Name Eleni T. Pappas Street Address			
0 Kenyon Avenue	<u> </u>		70 Kenyon Avenu	ie	
outh Kingstown	State RI	02879	Guy South Kingstowr	State RI	02879
NAMES AND ADDRESSES irector Name Ohn C. Zervos	OF THE DIRECTOR	S: ("X" BOX FOR A17	ACHMENT) FILL IN S Director Name Elini T. Pappas	PACES BEFORE USI	NG ATTACHMENTS
red Address 'O Kenyon Avenue	•		Street Address 70 Kenyon Avenu	ıe	
ity:	Siaic	Zip	City	State	Zip
South Kingstown Drector Name	J RI	J 02879	South Kingstown Director Name	n RI	02879
nvi Address		. <u>.</u> .	Street Address		
ļú.	State	Zip	Guy	State	Zip
O. SHARES AUTHORIZED (JOHORIZED SHARES	 ("X" BOX FOR ATT	ACHMENT)	: 11. SHARES ISSUED ("X ISSUED SHARES	BOX FOR ATTACH	IMENT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALU	E		100	common	no par
			1		

Under penalty of perjury, I declare and affirm that including any apcomplinying schedules and state.	
dont lined terein are true and correct.	6/10, 200
Signature of Officer	Date
John C. Zervos	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12/03



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, RJ 02903-1335 401-222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1		Filing Fee: \$50.00			
FORM MUST BE TYPED IN					
1. Corporate ID No. 101462		2 Name of Corporation South County Podiatry Associates, Inc.			
3. Street Address Principal Busi		ity Fociatry Associate		·	
70 KENYON AVENUE	ness Office		City	State	Zıp
4. Business Phone No.	· · · · · · · · · · · · · · · · · · ·		SOUTH KINGSTOWN	RI	02879-
4017898912		5. State of Incorpora			6. SIC Code
7. Brief Description of the Char	ractes of Rusianse Co.		V		9241
THE PRACTICE OF POD	DIATRIC MEDIC	INE AND SURGERY.			
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	S BEFORE USING A	TTACHMENTS
John C. Zervos			Eleni T. Pappas		
Street Address			Street Address		
70 Kenyon Avenue			. 70 Kenyon Avenue		
City	State	Zip	City	State	Zip
South Kingstown	RI	02879	South Kingstown	RI	02879
Secretary Name		••• • • • • • • • • • •	Treasurer Name	• '• • • • • • • •	
John C. Zervos			Eleni T. Pappas		
Street Address			* Street Address		
70 Kenyon Avenue			.70 Kenyon Avenue		
City	State	2гр	City	State	Zip
South Kingstown	RI	02879	.South Kingstown	RI	02879
9. NAMES AND ADDRES Director Name	SES OF THE DIF	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN SPACE	CES BEFORE USING	ATTACHMENTS
John C. Zervos			Eleni T. Pappas		
Street Address			·Sireet Address	·	
70 Kenyon Avenue		•	.70 Kenyon Avenue		
City	State	Zip	·City	State	Zip
South Kingstown	RI	02879	South Kingstown	RI	02879
Director Name	• • • • • • • • •	• • • • • • • • • • • • •	Director Name		
			•		
Street Address		•	·Sireet Address		
City	State	Zip	City	State	Zip
			•	Sibie	1.77
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMEN	<u></u>
AUTHORIZED SHARES		 ' <u></u>	ISSUED SHARES		<u> </u>
Number of Shores	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR	VALUE		100	Common	No par value
*	·· ·····	<u></u>		+	
This report must be signi	ed in ink by eith	er the President, Vice	President, Secretary, Assistan	t Secretary, Treas	urer, Receiver or Trustee
51 11 6 11 11	FLESCO BITTO BIT				



Mutthew A. Brown, Secretory of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

Form 630 12/0

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PROFIT CO	RPORATION ANNUAL R	EPORT FOR THE YEAR ²⁰)03

Filing Period: January 1 -		iling Fee: \$50.00			•
(FORM MUST BE TYPED IN B	*** ** * * *** ** * * * * * * * * * * *	PETRON - NO. 1. PROTESTED BY SCHOOLS IN SUCCESSION			No.
1. Corporate ID No. *101462*	2. Name of Corpo		!		
3. Street Address Principal Busin		ty Podiatry Associat			
70 KENYON AVENUE	ness Office		City: SOUTH KINGSTOWN	State RI	Zip
4. Business Phone No	world to the law comments and a	5. State of Incorpora	Control of the contro	i was	02879-
4017898912		RHODE ISLA			9241
7 Brief Description of the Chord THE PRACTICE OF POD	icter of Business Con IATRIC MEDICI	iducted in Rhode Island INE AND SURGERY.	A CONTRACTOR OF THE CONTRACTOR	s management and seed and seed as a seed as a	ton a minimal announcement and it is a company of the
8. NAMES AND ADDRES	ses of the of	FICERS ("X" BUX FOR	ATTACHMENT) 🗌 FILL IN SPAC	es before using at	TACHMENTS
John C. Zervos			Fice President Name Eleni T. Pappas		
Street Address		and the same and t	Street Address	companies and a second section of the	and the second of the second control of the
70 Kenyon Avenue			70 Kenyon Avenue	:	
City	State	Zip	Cny	State	Zip
South Kingstown	RI	02879	South Kingstown	RI	02879
Secretary Name		At San Dark Kang	Treasurer Name		
John C. Zervos	N101-1-0101-0000-01-00-0-0-0-0-0-0-0-0-0		Eleni T. Pappas		
Street Address			Street Address		
70 Kenyon Avenue		***************************************	.70 Kenyon Avenue		
City	State	Zip	City	State	Ζίρ
South Kingstown	RI	\$ 02879	South Kingstown	RI	02879
Director Name	Ses of the di	CECTORS ("X" BOX FI	DRATTACHMENT) FILL IN SP Director Name	aces before using	attacrments
John C. Zervos			Eleni T. Pappas		
Street Address	historia hanni dadana a saha	e an anti-anti-anti-anti-anti-anti-anti-anti-	Street Address	waterwater the same of the same state of the	Committee to the committee of the second committee of
70 Kenyon Avenue			70 Kenyon Avenue	:	
Cuy	State	Zip	·Cuy	State	Zip
South Kingstown	RI	02879	South Kingstown	RI	02879
Director Name			Director Name		
12 - man company and a company and a	*** ****				
Street Address			Street Address		
City	State	· · · · · · · · · · · · · · · · · · ·		······································	
,		Zip		State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR	(ATTACHMENT)	14 SHARES ISSUED (***) ISSUED SHARES	BOX FOR ATTACHMEN	WD.
Number of Shares	Class/Series	Par Value	Number of Shares	Class'Scries	Par Value
2,000 COMM NO PAR	VALUE		100	Common	No par value
THE STREET STREET	F 1111250 35 5 555656				
A statement to the table as agreement about any user princip					
This report must be signe	ed in ink by eith	er the President, Vic	e President, Secretary, Assiste	ant Secretary, Treasi	irer, Receiver or Truste
			·	•	
	DI ÎNDIN DIRAN ÎNDIN ÎNDIN ÎNDI A		Under senalty of paris	iry. I declare and affirm	that I have aversined
* 1 U	1 4 0 2	*		my, i deciate and armin my accompanying school	
101462 DBC1 777 297	C4x42 DMA			contained herein are tre	
8 -	Z C - 2	3	. ()	/ 01	0/11/53
File Date				Jews -	8/19/02
Check No.	704		Signature of Officer	<u>_</u>	ogie V
	7		Jobn C. Zerv		
B _Y :	· Chr		Print or Type Name of O	gjicer	
FOR SECRETARY OF STATE	USE ONLY		President		

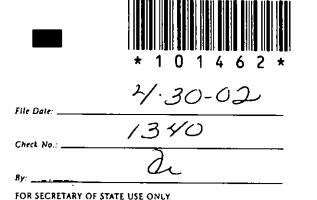
Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-222-304

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. 2. Name of Corporation 101462 South County Podiatry Associates, Inc. 3. Street Address Principal Business Office State 70 Kenyon Avenue 02879 South Kingstown RI 4. Business Phone No. S. State of Incorporation 6. SIC Code 789-8912 9241 RHODE ISLAND 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_Nam Vice President Name John C. Zervos Eleni T. Pappas Street Address Street Address 70 Kenyon Avenue 70 Kenyon Avenue City South Kingstown South Kingstown . RI . 02879 Secretary Name Treasurer Name John C. Zervos Eleni T. Pappas Street Address Street Address 70 Kenyon Avenue 70 Kenyon Avenue State South Kingstown 02879 ŔĬ RI02879 ·South Kingstown 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 70 Kenyon Avenue 70 Kenyon Avenue State Zip City Zip South Kingstown 02879 South Kingstown RI02879 Director Name Director Name Street Address Street Address City State City 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 Par Value 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



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

Print or Type Name of Officer

President



Form 630 12/01



State

Class/Sertes

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

NO PAR VALUE

Zip

Par Value

City

AUTHORIZED SHARES

2,000 COMM

Number of Shares

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, Ri 02903-13 401-272-30

• • • • • •					
PROFIT CORP	ORATION 1-March 1 •	ANNUAL R	EPORT FOR THE	YEAR	STO
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 101462	2. Name of Corpora South Co	ounty Podiatry P	Associates, Inc.		
3. Street Address Principal Business	Office		City	State	Zio_
70 Kenyon Av	enue		South Kingstown	RI	02879
4. Rusiness Phone No.		5. State of Incorporat			6. SIC Code
789-8912 Rhode Islam		land		9241	
7. Brief Description of the Character	of Business Conducted	in Rhode Island			
Practice of	podiatric me	dicine and surg	gery.		
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT)		
President Name			Vice President Name		•
John C. Zerv	os		Eleni T. Pappas		
Street Address			· Street Address		
70 Kenyon Av	enue		70 Kenyon Avenue		
City	State	Zip	City	State	Zip
South Kingstown	RI	02879	South Kingstown	, RI	02879
Secretary Name			Treasurer Name		
John C. Zerv	os		Eleni T. Pappas		•
Street Address			Street Address		
70 Kenyon Av	•		70 Kenyon Avenue		
City	State	Zip	City	State	Zip
South Kingstown	RI	02879	South Kingstown	RI	02879
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR .			•
	00		Director Name		
John C. Zerve	ŲS.		Eleni T. Pappas		
70 Kenyon Av	onuo		Street Address		
City	State	Zip	70 Kenyon Avenue		
South Kingstown	RI	02879	cny South Kingstown	1 State RI	1 02879
Director Name	Λ.	Q2019	Director Name	, KI	
Street Address			Street Address		

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

City

ISSUED SHARES

Number of Shares

100

State

Class/Series

common

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

Zip

Par Value

no par value

	Under penalty of perjury, I declare and affirm that I have exam
4-18-01	this report, including any accompanying schedules and statements contained herein are true and correct.
1170	Signatifie of Officer Jule
3	John C. Zervos
<u></u>	Print or Type Name of Officer President

James R. Langevin, Secretary of St. Corporations Divisi 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

STOP PULANE REAL INSTRUCTION

(FORM MUST BE TYPED IN BLACK)	t				
1. Corporate ID No.	2. Name of Corporatio	n	•	•	Ċ
101462	South Cou	nty Podiatry Ass	sociates. Inc.		
3. Street Address Principal Business Offi	ice		City	State	Zip
350 KINGSTOWN Road,	Room 201		Narragansett	ŔĬ	02882
4. Business Phone No.		5. State of Incorporation			6. SIC Code
789-8912		Rhode Isla	and		9241
7. Brief Description of the Character of 1					, , , ,
Practice of podiat	ric medicina	e and surgery			
8. NAMES AND ADDRESSES President Name	OF THE OFFIC	ERS ("X" BOX FOR ATTAC	CHMENT) Vice President Name	• •	
John C. Zervos					
Street Address			Eleni T. Pappas Street Address		•
350 Kingstown Road,	Room 201			nd Dec- 201	
•	State	Zip	350 Kingstown Roa	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
Secretary Name			Treosurer Name	•	
John C. Zervos	•		Eleni T. Pappas		
Street Address			Street Address		
350 Kingstwon Road,	Room 201		350 Kingstown Roa	ad. Room 201	•
City	State	Zip .	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
9. NAMES AND ADDRESSES	OF THE DIREC	TORS ("X" BOX FOR AT			02002
Director Name			- Director Name		
John C. Zervos			Eleni T. Pappas		
Street Address			Street Address		•
350 Kingstwon Road,	Room 201		350 Kingstown Roa	ad, Room 201	
	State	Zip	City	State	Zip
Narragansett	ŔĬ	02882	Narragansett	RI	02882
Director Name			Director Name		•
Street Address			Street Address		
Спу	State	ZIP	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	common	no par	100	common	no par

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

FILED	Under penalty of perjury, I declare and affirm that I have examined this report/including any accompanying schedules and statements, an
File Date:AUG 2 2 2000	that all statements contained herein are true and correct.
Check No.: By 1113	Significate Date John C. Zervos
By:FOR SECRETARY OF STATE USE ONLY	Print of Type Name of Officer President
ON ORGANIANT OF STATE OVE ONE!	Title of Officer

James R. Langevin, Secretary of St. Corporations Divisi 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 Corpora	tion	•		
101462	South Cour	ity Podlatry Associ	ates, Inc.		
3. Street Address Principal Busine	ess Office	•	City	State	Zip
350 Kingstown	Road, Room	201	Narragansett	RI	02882
4. Business Phone No.		5. State of Incorporation	o n		6. SIC Code
789-8912		RHODE ISLA	ND		9241
7. Brief Description of the Charac	ter of Business Conducted (n Rhode Island		•	• •
Practice of po	odiatric med	licine and su	rgery		
8. NAMES AND ADDRI President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACH	MENTS
John C. Zervos Street Address	5		Eleni T. Pappa	ıs	
350 Kingstown	Road, Room	201	350 Kingstown	Road, Room 20	1
City	State	Zip	Cuy	State	Zip
Narragansett Secretury Name	RI	02882	Narragansett Treasurer Name	RI	02882
John C. Zervos	3		Eleni T. Pappa Street Address	as	
350 Kingstown	Road, Room	201	350 Kingstown	Road, Room 20	1
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTAC	HMENTS
John C. Zervos Street Address			Eleni T. Pappa Street Address	is	
350 Kingstown	Road, Room	201	350 Kingstown	Road, Room 20	1
City	State	Zip	City	State	Zip
Narragansett Director Name	RI	02882	Narragansett Director Name	RI	02882
Street Address			Street Address		
City	State	Zip	- City	- State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	remain de rationes de la company de la c La company de la company d
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO P	AR VALUE		100	common	no par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust-

	* 1 0 1 4 6 2 *
File Date:	6-22-99
Check No :	<u>953 </u>
By:	AMF.

President