



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65962		2. Name of Corporation West Bay Orthopedic Associates, Inc.			
3. Street Address Principal Business Office 120 CENTERVILLE ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017383730		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island ORTHOPEDIC SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name VINCENT J. YAKAVONIS, M.D.			Vice President Name WILLIAM F. BRENNAN, M.D.		
Street Address 120 CENTERVILLE ROAD			Street Address 120 CENTERVILLE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name NORMAN KORNWITZ, M.D.			Treasurer Name VAUGHN G. GOODING, JR., M.D.		
Street Address 120 CENTERVILLE ROAD			Street Address 120 CENTERVILLE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
Director Name VINCENT J. YAKAVONIS, M.D.			Director Name WILLIAM F. BRENNAN, M.D.		
Street Address 120 CENTERVILLE ROAD			Street Address 120 CENTERVILLE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name VAUGHN G. GOODING, JR., M.D.			Director Name NORMAN KORNWITZ, M.D. & FRANKLIN E. MIRRER, MD		
Street Address 120 CENTERVILLE ROAD			Street Address 120 CENTERVILLE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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
8,000	\$1.00 PAR VALUE		5,000	COMMON	\$1.00

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



6 5 9 6 2

65962 DBC 02/27/05 01:55:37 PM

File Date 3/7/05

Check No. 4127

By: VA.

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 VAUGHN G. GOODING, JR., M.D. Date 3/2/05

Print or Type Name of Officer
VAUGHN G. GOODING, JR., M.D.

TREASURER

Title of Officer



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 65962		2. Name of Corporation West Bay Orthopedic Associates, Inc.			
3. Street Address Principal Business Office 120 Centerville Road			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 738-3730		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island ORTHOPEDIC SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent J. Yakavonis, MD			Vice President Name William F. Brennan, MD		
Street Address 9 Elm Lane			Street Address 25 Downing Street		
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818
Secretary Name Norman Kornwitz, MD			Treasurer Name Vaughn G. Gooding, Jr., MD		
Street Address 175 Deerfield Drive			Street Address 45 Highland Drive		
City East Greenwich	State RI	Zip 02818	City Jamestown	State RI	Zip 02835
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
8,000	\$1.00 PAR VALUE		4,000		\$1.00

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



* 6 5 9 6 2 *

File Date: 2.4.04
Check No.: 2503
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: 1/28/04
Print or Type Name of Officer: VAUGHN G. GOODING JR MD
Title of Officer: V. Pres.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **65962** 2. Name of Corporation **West Bay Orthopedic Associates, Inc.**
3. Street Address Principal Business Office **120 Centerville Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 738 3730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

Orthopedic Surgeons

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

President Name Vincent Yakavonis, M.D.	Vice President Name William F. Brennan, M.D.
Street Address 9 Elm Lane	Street Address 25 Downing Street
City Barrington State RI Zip 02886	City East Greenwich State RI Zip 02818
Secretary Name Norman Kornwitz, M.D.	Treasurer Name Vaughn G. Gooding, Jr., M.D.
Street Address 175 Deerfield Drive	Street Address 45 Highland Drive
City East Greenwich State RI Zip 02818	City Jamestown State RI Zip 02835

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000	\$1.00	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	4000		1.00

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



* 6 5 9 6 2 *

File Date: 1-27-03
Check No.: 1059
By: UP

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.

Vaughn G. Gooding Jr 1/27/03
Signature of Officer Date

Vaughn G. Gooding Jr
Print or Type Name of Officer

V. Gooding
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. **65962** 2. Name of Corporation **West Bay Orthopedic Associates, Inc.**
3. Street Address Principal Business Office **120 Centerville Road** City **Warwick** State **RI** Zip **02889**
4. Business Phone No. **(401) 738-3730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8217**

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

Orthopedic Surgeons

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

President Name Vincent J. Yakavonis, M.D.	Vice President Name William Brennan MD
Street Address 9 Elm Lane	Street Address 25 Downing Street
City Barrington State RI Zip 02806	City East Greenwich State RI Zip 02818
Secretary Name	Treasurer Name Vaughn Gooding, Jr., MD
Street Address	Street Address 45 Highland Drive
City	City Jamestown State RI Zip 02835

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	City
Director Name	Director Name
Street Address	Street Address
City	City

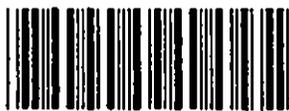
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
3000 \$1.00

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



* 6 5 9 6 2 *

File Date: 2/1

Check No.: 7186

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] 1/20/01
Signature of Officer Date

VAUGHN G. GOODING JR MD
Print or Type Name of Officer

V. pres.
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. 65962 2. Name of Corporation West Bay Orthopedic Associates, Inc.
 3. Street Address Principal Business Office 120 Centerville Road City Warwick State RI Zip 02886
 4. Business Phone No. 738-3730 5. State of Incorporation Rhode Island 6. SIC Code 9217
 7. Brief Description of the Character of Business Conducted in Rhode Island
Orthopedic Surgeons

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

President Name <u>Vincent J. Yakavonis, M.D.</u>	Vice President Name <u>Vaughn G. Gooding, Jr., M.D.</u>
Street Address <u>9 Elm Lane</u>	Street Address <u>45 Highland Avenue</u>
City <u>Barrington</u> State <u>RI</u> Zip <u>02806</u>	City <u>Jamestown</u> State <u>RI</u> Zip <u>02835</u>
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 <u>None</u>	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
<u>8000 Shares</u>		
		<u>\$1.00 Par Value</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>3000 Shares</u>		<u>\$1.00</u>

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

File Date: 8-28-00
 Check No.: 6687
 By: AMF

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.

V. Gooding 8/28/00
 Signature of Officer Date
VAUGHN G. GOODING JR
 Print or Type Name of Officer
V. Pres.
 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. 65962		2. Name of Corporation West Bay Orthopedic Associates, Inc.		
3. Street Address Principal Business Office 120 Centerville Road		City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 738-3730		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Orthopedic Services				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>				
President Name Vincent Yakavonis, M.D.		Vice President Name Vaughn Gooding, Jr., M.D.		
Street Address 9 Elm Lane		Street Address 45 Highland Avenue		
City Barrington	State RI	Zip 02806	City Jamestown	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 checked="" type="checkbox"/>	
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8000 SHS	\$1.00 PAR VAL		3000	
				\$1.00

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



File Date: Feb 10 1999

Check No.: 4918

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: 2/8/99

Print or Type Name of Officer: Vaughn G. Gooding MD

Title of Officer: Vice president

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. **65962** 2. Name of Corporation **West Bay Orthopedic Associates, Inc.**
3. Street Address Principal Business Office **120 Centerville Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **738-3730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
Orthopedic Surgeons

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

President Name Vincent Yakavonis, M.D. Street Address 9 Elm Lane City Barrington State RI Zip 02806	Vice President Name Vaughn Gooding, Jr., M.D. Street Address 45 Highland Avenue City Jamestown State RI Zip 02835
Secretary Name Vincent J. Yakavonis, MD Street Address 9 Elm Lane City Barrington State RI Zip 02806	Treasurer Name Vaughn G. Gooding, Jr. MD Street Address 45 Highland Avenue City Jamestown State RI Zip 02835

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

Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
--	--

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8000 SHS \$1.00 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
3000 \$1.00

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



File Date: 2.20.98
Check No.: 3092
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: 2/18/98
Print or Type Name of Officer: **Vaughn G. Gooding, Jr. MD**
Title of Officer: **Vice President/Treasurer**



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. 65962
2. Name of Corporation West Bay Orthopedic Associates, Inc.
3. Street Address Principal Business Office 120 Centerville Road Suite 5
City Warwick State RI Zip 02886
4. Business Phone No. 401-738-3730
5. State of Incorporation RHODE ISLAND
6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island
medical services

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

President Name Vincent J. Yakavonis, M.D. Street Address 120 Centerville Rd., Suite 5 City Warwick State RI Zip 02886	Vice President Name Vaughn G. Gooding, Jr., M.D. Street Address 120 Centerville Rd., Suite 5 City Warwick State RI Zip 02886
Secretary Name Vincent J. Yakavonis, M.D. Street Address 120 Centerville Rd. Suite 5 City Warwick State RI Zip 02886	Treasurer Name Vaughn G. Gooding, Jr., M.D. Street Address 120 Centerville Rd., Suite 5 City Warwick State RI Zip 02886

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

Director Name Vincent J. Yakavonis, M.D. Street Address 120 Centerville Rd. #5 City Warwick State RI Zip 02886	Director Name Vaughn G. Gooding, Jr., M.D. Street Address 120 Centerville Rd., #5 City Warwick State RI Zip 02886
Director Name Street Address City State Zip	Director Name Street Address 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
8,000	common	\$1.00	2,000	common	\$1.00

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

File Date: 2/13/97
Check No.: 1354
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: 3/4/96
Print or Type Name of Officer: Vaughn G. Gooding, Jr., M.D.
Title of Officer: Vice 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) 277-304

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 65962		2. NAME OF CORPORATION West Bay Orthopedic Associates, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 120 Centerville Road		CITY Warwick	STATE RI	ZIP CODE 02886	
4. BUSINESS PHONE NO. (401)-738-3730		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9217	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Orthopedic Surgeons					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Vincent J. Yakavonis MD			VICE PRESIDENT NAME Vaughn G. Gooding Jr MD		
STREET ADDRESS 9 Elm Lane			STREET ADDRESS 34 Columbia Avenue		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Jamestown	STATE RI	ZIP CODE
SECRETARY NAME Vincent J. Yakavonis MD			TREASURER NAME Vaughn G. Gooding Jr MD		
STREET ADDRESS 9 Elm Lane			STREET ADDRESS 34 Columbia Avenue		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Jamestown	STATE RI	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME None			DIRECTOR NAME None		
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
8000 SHS	\$1.00 PAR VAL		3000	Common	\$1.00

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: 1/23/96
Check No: 5129
By: CP

Signature of Officer:
Print or Type Name of Officer: VAUGHN GOODING JR MD
Title of Officer: V. pres
Date: 1/17/96



ANNUAL REPORT

Please Type or Print
 File Annually -- Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

Corporate ID: 0055952 Annual Report for the year: 1995

Name of Corporation: West Bay Orthopedic Associates, 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):
120 Centerville Road
Warwick RI 02886
 Phone: (407) 738-3730
 Brief statement of the character of business conducted in Rhode Island:
Orthopedic Surgeons

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>John W. Hayes</u>	<u>312 Ocean Road</u>	<u>Warragansett RI</u>	<u>02882</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Vaughn G. Gooding</u>	<u>30 Columbia Avenue</u>	<u>Jamestown RI</u>	<u>02835</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Vincent J. Makavonis</u>	<u>9 Elm Street</u>	<u>Barrington RI</u>	<u>02806</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

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 8000 Class / Series Number of Shares 3000 Class / Series

\$1.00 par value \$1.00 par value

Date 1.23.95 By: [Signature]

Form 31 1/95 PRINT OR TYPE NAME OF OFFICER SIGNING: John W. Hayes M.D.
 TITLE OF OFFICER SIGNING: President

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.

JOHN W. HAYES, M.D.
 120 CENTERVILLE ROAD
 WARWICK RI 02886

FILED
 JAN 24 1995
[Signature]
4082

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of Secretary of State
100 North Main Street
Providence, RI 02903-1335
401-277-3040

File Annually

Corporate ID: 69962 Annual Report for year 1994

Name of Business Entity West Bay Orthopedic Associates, Inc

Business entity organized under the laws of the
State of Rhode Island

Business Entity is (check one)
 Business Corporation
 Professional Service Corporation
 Limited Liability Company

Fed. Taxpayer Identification No. [REDACTED]

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

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

John W. Hayes, M.D., President
120 Centerville Road
Warwick, RI 02886

Phone (): _____

Address and telephone of the principal
office of business entity in RI (Provide
street address - Not P.O. Box)

Brief statement of the character
of business conducted in RI.

120 Centerville Road
Warwick, RI 02886

medical services by physicians special-
izing in orthopedics and surgery

Phone: (401) 718-3554

Date of Organization 10/26/91
Date of Qualification to do
business in RI (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> Chief Executive Officer or <input checked="" type="checkbox"/> President	Street Address	City/State	Zip
<u>John W. Hayes, M.D.</u>	<u>120 Centerville Road</u>	<u>Warwick, RI</u>	<u>02886</u>
<input type="checkbox"/> Chief Operating Officer or <input checked="" type="checkbox"/> Vice President	<u>same as above</u>		
<u>Vincent J. Yakavonis, M.D.</u>	<u>same as above</u>		
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary	<u>same as above</u>		
<u>Vaughn G. Gooding, Jr., M.D.</u>	<u>same as above</u>		
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer	<u>same</u>		
<u>Vincent J. Yakavonis, M.D.</u>	<u>same</u>		
<u>John W. Hayes, M.D.</u>	<u>same</u>		

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip
<u>John W. Hayes, M.D.</u>	<u>same</u>		
<u>Vincent J. Yakavonis, M.D.</u>	<u>same</u>		
<u>Vaughn G. Gooding, Jr., M.D.</u>	<u>same</u>		

NO. OF SHARES AUTHORIZED (if applicable)

NUMBER 8,000
CLASS Common
SERIES _____
PAR VALUE OR WITHOUT PAR \$1.00

NO. OF SHARES ISSUED AND OUTSTANDING (if applicable)

NUMBER 3,000
CLASS Common
SERIES _____
PAR VALUE OR WITHOUT PAR \$1.00

Date May 17, 1994

WEST BAY ORTHOPEDIC ASSOCIATES, INC.
BY [Signature]
John W. Hayes, M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

John W. Hayes, M.D.
120 Centerville Road
Warwick, RI 02886

FILED
MAY 19 1994
MC 3411

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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: 0055962 Annual Report for the year: 1994

Name of Business Entity: West Bay Orthopedic Associates, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

West Bay Orthopedic Associates, Inc.
120 Centerville Road
Warwick RI 02886

Phone: (401) 738-3730

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-3.1)
- Limited Liability Company (See RIGL 7-16)

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

John W. Hayes MD President
120 Centerville Road
Warwick RI 02886

Brief statement of the character of business conducted in Rhode Island

Orthopedic Surgeons

Date of Organization: 10/29/91 (W)

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

THE NAMES OF THE OFFICERS ARE:

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

John W. Hayes 312 Ocean Road Narragansett RI 02882

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

Vaughn G. Gooding 30 Columbia Avenue Jamestown RI 02835

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

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

Vincent J. Yakavonis 9 Elm Street Barrington RI 02806

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 8000

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR \$1.00

Date February 16, 1994

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 3000

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR \$1.00

By: [Signature]

JOHN W. HAYES, MD

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

FEB 18 1994

Form 31 1994

Oct 31/12

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

JOHN W. HAYES, M.D.
120 CENTERVILLE ROAD
WARWICK, RI 02886

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0065962 Annual Report for the year 1993

FIRST: The name of the corporation is West Bay Orthopedic Associates,
Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to render professional
medical services by physicians specializing in orthopedics & surgery.

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 120 Centerville Road
Warwick, RI 02886

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

<u>Name</u>	<u>Office</u>	<u>Address (including number, street, zip code)</u>
<u>John W. Hayes, M.D.</u>	<u>Director</u>	<u>120 Centerville Rd. Warwick RI 02886</u>
<u>Vincent J. Yakavonis MD</u>	<u>Director</u>	<u>same as above</u>
<u>Vaughn G. Gooding, Jr.</u>	<u>Director</u>	<u>same as above</u>
<u>John W. Hayes, M.D.</u>	<u>President</u>	<u>same as above</u>
<u>Vincent J. Yakavonis MD</u>	<u>Vice President</u>	<u>same as above</u>
<u>Vaughn G. Gooding, Jr MD</u>	<u>Vice President</u>	<u>same as above</u>
<u>Vincent J. Yakavonis MD</u>	<u>Secretary</u>	<u>same as above</u>
<u>John W. Hayes, M.D.</u>	<u>Treasurer</u>	<u>same as above</u>

SEVENTH: Number of Shares authorized:

<u>No. of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value (if any)</u>
<u>8,000</u>	<u>Common</u>		<u>\$1.00</u>

EIGHTH: Number of Shares issued:

<u>No. of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value (if any)</u>
<u>3000</u>	<u>Common</u>		<u>\$1.00</u>

Dated February 1993 WEST BAY ORTHOPEDIC ASSOCIATES, INC.
(Name of Corporation)

By [Signature]
Title: President

*Check # 2099
90*

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0065962 Annual Report for the year 1992

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Vincent J. Yakavonis MD	Director	same as above
Vaughn G. Gooding, Jr.	Director	same as above
John W. Hayes, M.D.	President	same as above
Vincent J. Yakavonis MD	Vice President	same as above
Vaughn G. Gooding, Jr MD	Vice President	same as above
Vincent J. Yakavonis MD	Secretary	same as above
John W. Hayes, M.D.	Treasurer	same as above

SEVENTH: Number of Shares authorized: 1191 02

No. of Shares	Class	Series	Par Value (if any)
8,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
3000	Common		\$1.00

Dated March 1992 WEST BAY ORTHOPEDIC ASSOCIATES, INC. (Name of Corporation)

PAID

MAR 24 1992

SECY OF STATE

By [Signature] Title: President