

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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $_$

2005

| 1. ID No. | 2. Exact name of the limite | INTED IN BLACK) act name of the limited liability company | | | | |
|---|-----------------------------|---|---|---------------------------------------|--------------------------|--|
| 121961 | - | Y UROLOGY PROPERTIES, LLC | | | | |
| 3. State of Formation | • | | isiness which is actually conducted in Rh | pode Island | _ | |
| RHODE ISLAND | OPERATING | A MEDICAL OFFICE | | | | |
| 5. Principal office address | | | City | State | Zip | |
| 35 Wells Stre | eet | | Westerly | RI RI | 02891 | |
| 5. MAILING ADDRI | ESS OF LIMITED LIAB | ILITY COMPANY ANI | NAME OR TITLE OF CONTAC | T PERSON: | | |
| Contact Name | | | Contact Title | | | |
| William A. Na | ardone | | | | 170 | |
| Street Address | | | Cuy | State | $\frac{z\varphi}{02891}$ | |
| 53 High Stree | | | Westerly | RI | 02091 | |
| | FILL IN SE | PACES BEFORE USING | D LIABILITY COMPANY, IF AF G ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT, | FOR ATTACHMENT) [|] 2) / 7-16-52 | |
| Manager Name | | | - Manager Name | · · · · · · · · · · · · · · · · · · · | | |
| dr | | | | | | |
| | | | | | | |
| Street Address | <u> </u> | | Sireci Address | | | |
| Street Address | | | Street Address | | | |
| | State | Zip | Sireci Address City | State | Zip | |
| City | State | Zip | City | State | Zip | |
| Street Address City Manager Name | State | Zip | | State | Zip | |
| City | State | Zip | City | State | Zip | |
| City Manager Name | State State | Zip Zip | City Manager Name | State | Zip Zip | |
| City Manager Name Street Address City | State | Zip | City Manager Name Street Address City | State | Zip | |
| City Manager Name Street Address City | State | Zip | Gity Manager Name Street Address | State | Zip | |
| City Manager Name Street Address City 8. RESIDENT AGE | State NT IN RHODE ISLAND | Zip | City Manager Name Street Address City Changes require filing of Fore | State | Zip | |
| City Manager Name Street Address City 8. RESIDENT AGE Agent Name | State NT IN RHODE ISLAND | Zip | City Manager Name Street Address City Changes require filing of Fore | State m 642 · R.1.G.L. 7-16- | Zip | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| a/19/26 *121961* | |
|---------------------------------|--|
| File Date 9/19/06 *121961* | |
| Check No. 1355 | |
| 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.

11/1/1

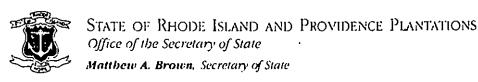
Signature of Authorized Person

Date

FRANKLIN F. LEDDY, M.D., F.A.C.S.

Print or Type Name of Aut 65: WELLS SIREET WESTERLY, RI 02891

Form 632 Rev. 7/03



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. ID No 2. Exact name of the limited liability company EDDY UROLOGY PROPERTIES, LLC 121961 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL **RHODE ISLAND** operating a urology office State 5. Principal office address City 02891 35 Wells Street Westerly RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William A. Nardone State 7.ip Street Address City 02891 53 High Street RI Westerly 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.J.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address State Zip City State Zıp City Manager Name Manager Name Street Address Street Address Z.Ip State City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address Agent Name **WILLIAM A. NARDONE** Zip. Address

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

WESTERLY



| File Date _ | 11/18/04 |
|-------------|--------------------------------|
| Check No | 1060 |
| By: | V. |
| FC | OR SECRETARY OF STATE USE ONLY |

53 HIGH STREET

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.

02891-

Signature of Authorized Person

FRANKLING CEDDY, M.D., F.A.C.S.

35 WELLS STREET

Print or Type Name o WESTERLY IRIS 112891



Corporations Division Providence, RI 02903-1335

100 North Main Street 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

| Filing Period: Septembe | r 1 - November 1 | Filing Fee: \$ | 50.00 | | | | |
|---|---------------------------|---------------------------------------|---|----------------------------|--------------|--|--|
| (FORM MUST BE TYPED OR . | PRINTED IN BIACK) | | | | | | |
| 1. ID No. 2. | Exact name of the limited | name of the limited liability company | | | | | |
| 121961 | LEDDY UROLO | LEDDY UROLOGY PROPERTIES, LLC | | | | | |
| 3. State of Formation | 4. Brief descriptio | n of the character of the | business which is actually conducted in R | bode Island | | | |
| RHODE ISLAND | operati | ng a urolo | gy office | | | | |
| 5. Principal office address | | - | City | State | Zip | | |
| 35 Wells Str | eet | | Westerly | RI | 02891 | | |
| 6. MAILING ADDRESS | OF LIMITED LIABI | LITY COMPANY A | ND NAME OR TITLE OF CONTA | CT PERSON: | 1 02071 | | |
| Contact Name | | | : Contact Title | • | | | |
| William A. N | lardone | | | | | | |
| Street Address | | | City | State | Zıp | | |
| 53 High Stre | et | | Westerly | RI | 02891 | | |
| | | SER OF THE LIMIT | TED LIABILITY COMPANY, IF A | • | 02031 | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | NG ATTACHMENTS ("X" BOX | | | | |
| ANY M | ODIFICATIONS TO | MANAGERS REQ | UIRES FILING OF AMENDMENT | , R.J.G.L. 7-16-12 (a) (2) | 7-16-52 | | |
| Manager Name | | | Manager Name | | • | | |
| | | • | | | | | |
| Stroet Address | · | · | Street Address | | | | |
| Direct Filling 2 | | • | Sired Address | | | | |
| Cir. | —- _{Га} | | | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | | | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | <u></u> | | | | | | |
| Sirver Adartss | | | Street Address | | | | |
| | | | <u> </u> | | · | | |
| City | State | Zip | Gity | . State | Zip | | |
| 8. RESIDENT AGENT IN | I BUODE ISLAND | DO NOT ALTER | | | 1 | | |
| Agent Name | KHODE ISLAND | DO NOT ALTER - | Changes require filing of For | m 642 - R.I.G.L. 7-16-11 | | | |
| 1 | 21 | | Address | | | | |
| WILLIAM A NARDONE | | | | | | | |
| Mauress | | | City | Zip | <u> </u> | | |
| 53 HIGH STREET | | | WESTERLY | 028 | 91- | | |
| <u> </u> | | _ | | | <u></u> . | | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| | * 1 2 1 9 6 1 * |
|-----------|-------------------------------|
| File Date | 9-18-03 |
| Check No | 1716 |
| Ву: | <u></u> |
| FO | R 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.

FRANKLIN F. LEDDY, MD., F.A.C.S.

Print or Type Name of State Land Person WESTERLY, RI 02891

Fonn 632 Rev. 7/03