



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. 133367		2. Name of Corporation Garden City Neurology, Ltd.			
3. Street Address Principal Business Office 1150 Reservoir Avenue, Suite 203			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-9870		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard L. Cervone, M.D.			Vice President Name NONE		
Street Address 1150 Reservoir Avenue, Suite 203			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Richard L. Cervone, M.D.			Treasurer Name Richard L. Cervone, M.D.		
Street Address 1150 Reservoir Avenue, Suite 203			Street Address 1150 Reservoir Avenue, Suite 203		
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
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	Common	\$.01 Par Value	100	Common	\$.01

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



1 3 3 3 6 7

File Date 2/24/05
 Check No. 126443
 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.

Signature of Officer _____ Date _____

Richard L. Cervone, M.D.

Print or Type Name of Officer

President

Title of Officer

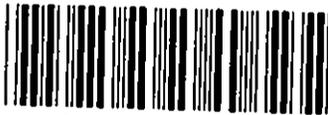


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 133367		2. Name of Corporation Garden City Neurology, Ltd.		
3. Street Address Principal Business Office 1150 Reservoir Avenue, Suite 203		City Cranston	State RI	Zip 02920
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard L. Cervone, M.D.		Vice President Name		
Street Address 1150 Reservoir Avenue, Suite 203		Street Address		
City Cranston	State RI	Zip 02920	City	State
Secretary Name Richard L. Cervone, M.D.		Treasurer Name Richard L. Cervone, M.D.		
Street Address 1150 Reservoir Avenue, Suite 203		Street Address 1150 Reservoir Avenue, Suite 203		
City Cranston	State RI	Zip 02920	City Cranston	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 \$0.01 PAR VALUE	Common		100	Common
				\$.01

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



* 1 3 3 3 6 7 *

File Date 2/13/04
Check No. 120189
By: EMC
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.

Richard L. Cervone, M.D. 2-8-04
Signature of Officer Date
RICHARD L. CERVONE, M.D.
Print or Type Name of Officer
PRESIDENT
Title of Officer