Aling Fee \$50.00
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ID Number: <u>127168</u>



Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

		AMENDMENT TO THE FINCORPORATION	tes
ъ.			- R 192
ur	rsuant to the provisions of Section 7-1.2-905 of t dersigned corporation adopts the following Articles of A	he General Laws of Rhode Island, 1956, as mendment to its Articles of Incorporation:	amended, the
1.	The name of the corporation is Rhode Island Neuro	surgical Institute, Inc.	<del></del>
2.	The shareholders of the corporation (or, where no sh corporation) on April 1, 2006  Laws, 1956, as amended, adopted the following amended.	in the manner prescribed by Chapter 7-1.2 of the	the General 777
	[Insert A	Amendment(s)]	
	(If additional space is required	d, please list on separate attachment)	
	Rhode Island Neurosurgical Institute, Inc. shall he	nceforth be considered a professional service	
	corporation under Chapters 7-5.1 and 7-1.2 of the	General Laws of Rhode Island, 1956, as amend	led
			<del></del>
3.	As required by Section 7-1.2-105 of the General Laws,	the corneration has paid all fees and taxes	
	These Articles of Amendment shall be effective upon than the 90 <sup>th</sup> day after the date of this filing		nall be no later
	• • • • • • • • • • • • • • • • • • •	accompanying attachments, and/that all statements	including any
Da	nte: 3/8/00	nerein are true and correct.	
	FILED	Signature of Authorized Officer of the Cor	poration
	MAY 1 2 2006 /	Prakash Sampath Type or Print Name of Authorized Office	
Fo	m No. 101 101 101 101 101 101 101 101 101 10	Type of Figure Name of Authorized Office	<b>.</b> CI



# f roSelect Insurance Company

# Medical Professional Liability - Claims Made New Business Declaration

POLICY NUMBER:

2-17767

NAMED INSURED AND ADDRESS:

PMG ID#:

A74370

PRODUCER:

PRODUCER ID#:

**GRI0012** 

Prakash Sampath, M.D. 118 Dudley Street Providence, RI 02903

Donnii DiBiasio P O Box 6852

Provice ance, RI 02940

Phone 401-885-9889

POLICY PERIOD: 08/05/2005 to 08/05/2006 at 12 91 A.M.

Standard Time at Named Insured address above

DESCRIPTION OF BUSINESS:

INDIV CUAL

# IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.

COVERAGE	RETROACTIVE DATE	CLASS	CODE AND DESCRIPTION	LIMITS	
Professional Liability		80152	Neurology-Major Surgery	\$2,000,000	Per Claim
Claims Made	08/05/2005			\$6,000,000	Annual Aggregate
Supplementary Payments Retroactive Date:	08/05/2005				

### ADDITIONAL RATING FACTORS:

Schedule Credit/Debit

Claims Free Credit

ADDITIONAL COVERAGES:

PREMIUM:

**Employee Limit of Liability** 

\$684

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

PL 025 01/01

Medical Professional Liability for Physicians and Surgeons - Claims Made Form

PL 014 01/01

Consent To Settle Endorsement

PL 017 01/01

**Employee Limit of Liability Endorsement** 

PL 055 07/04

Rhode Island Mandatory Amendments Endorsement

POLICY PREMIUM:

\$32,412

50:11 的 21 15 200

Richar I W. Brewer

President & CEO

Janice W. Allegretto Asst. Sec.

THIS IS NOT A BILL. THE BILL WILL FOLLOW SHORTLY.

DEC 100 01/01

Date Produced 07/29/05 08 27:59

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