



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

Mathew 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. 59971 2. Name of Corporation New England Medical Billing, Inc.

3. Street Address Principal Business Office 10 ORMS STREET, SUITE 110 City PROVIDENCE State RI Zip 02904

4. Business Phone No. 4014530666 5. State of Incorporation RHODE ISLAND 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL PRACTICE MANAGEMENT, BILLING SERVICES TO HOSPITALS, PHYSICIANS, HEALTH MAINTENANCE ORGANIZATIONS,
FREE STANDING EMERGENCY ROOMS, AND OTHER HEALTH CARE PROVIDERS WITHIN RI

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

President Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Vice President Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
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Secretary Name Arlet Kurkchubasche, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Treasurer Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Director Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
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Director Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Director Name Fred A. Rotenberg, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
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2,000 COMM NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
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840 common no par value

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



5 9 9 7 1

59971 DBC 02/07/05 03:56:42 PM
File Date 2/15/05
Check No. 17313
By: DA
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
John Hickok
Print or Type Name of Officer

Date 2/14/05

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. 59971		2. Name of Corporation New England Medical Billing, Inc.			
3. Street Address Principal Business Office 10 Orms Street, Suite 110			City Providence	State RI	Zip 02904
4. Business Phone No. 401-453-0666		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL PRACTICE MANAGEMENT, BILLING SERVICES TO HOSPITALS, PHYSICIANS, HEALTH MAINTENANCE ORGANIZATIONS, FREE STANDING EMERGENCY ROOMS, AND OTHER HEALTH CARE PROVIDERS WITHIN RI					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Hickok			Vice President Name Richard A. Browning, MD		
Street Address 10 Orms Street, Suite 110			Street Address 10 Orms Street, Suite 110		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Fred A. Rotenberg			Treasurer Name Arthur A. Bert, MD		
Street Address 10 Orms Street, Suite 110			Street Address 10 Orms Street, Suite 110		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Hickok			Director Name Richard A. Browning, MD		
Street Address 10 Orms Street, Suite 110			Street Address 10 Orms Street, Suite 110		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Arthur A. Bert, MD			Director Name Fred A. Rotenberg, MD		
Street Address 10 Orms Street, Suite 110			Street Address 10 Orms Street, Suite 110		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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
2,000	COMM NO PAR VALUE		570	common	no par value

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



* 5 9 9 7 1 *

File Date 2-3-04
Check No 16098
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 1/6/04
Print or Type Name of Officer John Hickok
Title of Officer President



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

2. Name of Corporation

59971

New England Medical Billing, Inc.

3. Street Address Principal Business Office

10 Orms Street, Suite 110

City

Providence

State

RI

Zip

02904

4. Business Phone No

401-453-0666

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island To provide medical practice management and billing services to hospitals, physicians, health care maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.

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

President Name

John Hickok

Vice President Name

Richard A. Browning, MD

Street Address

10 Orms Street, Suite 110

Street Address

10 Orms Street, Suite 110

City Providence State RI Zip 02904

City Providence State RI Zip 02904

Secretary Name

Fred A. Rotenberg

Treasurer Name

Arthur A. Bert, MD

Street Address

10 Orms Street, Suite 110

Street Address

10 Orms Street, Suite 110

City Providence State RI Zip 02904

City Providence State RI Zip 02904

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Director Name

John Hickok

Director Name

Richard A. Browning, MD

Street Address

10 Orms Street, Suite 110

Street Address

10 Orms Street, Suite 110

City Providence State RI Zip 02904

City Providence State RI Zip 02904

Director Name

Arthur A. Bert, MD

Director Name

Fred A. Rotenberg, MD

Street Address

10 Orms Street, Suite 110

Street Address

10 Orms Street, Suite 110

City Providence State RI Zip 02904

City Providence State RI Zip 02904

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

500 common no par value

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



* 5 9 9 7 1 *

File Date: 2-20-03

Check No.: 14937

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.

2/13/03

Signature of Officer

Date

John Hickok

Print or Type Name of Officer

President

Title of Officer



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. **59971** 2. Name of Corporation **New England Medical Billing, Inc.**
3. Street Address Principal Business Office **10 Orms Street, Suite 110** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **401-453-0666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island **To provide medical practice management and billing services to hospitals, physicians, health care maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.**

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

President Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Vice President Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
Secretary Name Fred A. Rotenberg, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Treasurer Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904

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Director Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Director Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
Director Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Director Name Fred A. Rotenberg, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904

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

AUTHORIZED SHARES
Number of Shares **2,000** Class/Series **COMM** Par Value **NO PAR VALUE**

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

ISSUED SHARES
Number of Shares **500** Class/Series **common** Par Value **no par value**

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



* 5 9 9 7 1 *

File Date 2-27-02
Check No 13923
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 2/12/02
John Hickok
Print or type Name of Officer
President
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. **59971** 2. Name of Corporation **New England Medical Billing, Inc.**

3. Street Address Principal Business Office
10 Orms Street, Suite 110 Providence RI 02904
4. Business Phone No. **401-453-0666** 5. State of Incorporation **RHODE ISLAND** 6. **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island: **To provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.**

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

President Name John Hickok Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904	Vice President Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904
Secretary Name Fred A. Rotenberg, MD Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904	Treasurer Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904

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Director Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904	Director Name Fred A. Rotenberg, MD Street Address 10 Orms Street, Suite 110 City State Zip Providence RI 02904

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 common no par value

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



File Date: 2/2
Check No.: 12757
By: ce
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: 1/22/01
Print or Type Name of Officer: John Hickok
Title of Officer: President



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. **59971** 2. Name of Corporation **New England Medical Billing, Inc.**

3. Street Address Principal Business Office **10 Orms Street, Suite 110** City **Providence** State **RI** Zip **02904**

4. Business Phone No. **401-453-0666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island **To provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.**

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

President Name John Hickok	Vice President Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904

Secretary Name Fred A. Rotenberg, MD	Treasurer Name Arthur A. Bert, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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

Director Name John Hickok	Director Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Director Name Arthur A. Bert, MD	Director Name Fred A. Rotenberg, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	2,000 SHS COM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	common	no par value

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



* 5 9 9 7 1 *

File Date: 3/28/00
Check No.: 1182
By: C

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: 2/7/00
Print or Type Name of Officer: John Hickok
Title of Officer: President

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. **59971** 2. Name of Corporation **New England Medical Billing, Inc.**
3. Street Address Principal Business Office
10 Orms Street, Suite 110 City Providence State RI Zip 02904
4. Business Phone No. 401-453-0666 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island
We provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing ambulatory care and other health care providers within and without the State of Rhode Island.

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

President Name John Hickok	Vice President Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
Secretary Name Fred A. Rotenberg, MD	Treasurer Name Manuel E. Saborio, MD
Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904

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

Director Name John Hickok	Director Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904
Director Name Arthur A. Bert, MD	Director Name Fred A. Rotenberg, MD
Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904	Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02904

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value 2,000 SHS COM NO PAR VAL	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value 735 common no par value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Mar 1, 99
Check No.: 1191
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] 2/11/99
Signature of Officer Date
John Hickok
President
Title of Officer

1999

**NEW ENGLAND MEDICAL BILLING, INC.
ADDITIONAL DIRECTOR**

Manuel E. Saborio, MD
10 Orms Street, Suite 110
Providence, RI 02904

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 **59971** 2 Name of Corporation **New England Medical Billing, Inc.**

3 Street Address Principal Business Office
10 Orms Street, Suite 110 Providence RI 02904
4 Business Phone No 401-453-0666 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.

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

President Name John Hickok	Vice President Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Secretary Name Gregory J. Towne, MD	Treasurer Name Arthur A. Bert, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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

Director Name John Hickok	Director Name Richard A. Browning, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Director Name Gregory J. Towne, MD	Director Name Arthur A. Bert, MD
Street Address 10 Orms Street, Suite 110	Street Address 10 Orms Street, Suite 110
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
750	common	no par value

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



File Date: _____
Check No: _____
By: _____
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: John Hickok Date: 1/28/98
Print or Type Name of Officer: John Hickok
Title of Officer: President



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. **59971** 2. Name of Corporation **New England Medical Billing, Inc.**
3. Street Address Principal Business Office
10 Orms Street, Suite 110 City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-453-0666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide medical practice management and billing services to hospitals, physicians, medical maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.

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

President Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903	Vice President Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903
Secretary Name Gregory J. Towne, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903	Treasurer Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903

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

Director Name John Hickok Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903	Director Name Richard A. Browning, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903
Director Name Gregory J. Towne, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903	Director Name Arthur A. Bert, MD Street Address 10 Orms Street, Suite 110 City Providence State RI Zip 02903

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2,000 SHS COM NO PAR VAL	750 common no par value

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



* 5 9 9 7 1 *

File Date: 2-5-97
Check No: 7925
By: WP

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: 1/23/97

John Hickok
Print or Type Name of Officer
President
Title of Officer

**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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 59971
2. NAME OF CORPORATION New England Medical Billing, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 10 Orms Street, Suite 110
CITY Providence STATE RI ZIP CODE 02903
4. BUSINESS PHONE NO. 401-453-0666
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 7880
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME John Hickok STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903	VICE PRESIDENT NAME Richard A. Browning, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903
SECRETARY NAME Gregory J. Towne, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903	TREASURER NAME Arthur A. Bert, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME John Hickok STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903	DIRECTOR NAME Richard A. Browning, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903
DIRECTOR NAME Gregory J. Towne, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903	DIRECTOR NAME Arthur A. Bert, MD STREET ADDRESS 10 Orms Street, Suite 110 CITY STATE ZIP CODE Providence RI 02903

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000	SHS COM NO PAR VAL		875	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 that all statements contained herein are true and correct.

File Date:

2/14/96

Check No:

7204

By:

cc fup

Signature of Officer

John Hickok

Print or Type Name of Officer

President

Title of Officer

1/16/96

Date

For Secretary of State Use Only

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

0059971

1995

Corporate ID: _____ Annual Report for the year:
New England Medical Billing, Inc.

Name of Corporation: _____
 Business entity organized under the laws of the State of: **Rhode Island**

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Brief statement of the character of business conducted in Rhode Island:
To provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island

Phone: () _____
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
**46-48 Amaral Street
 East Providence, RI 02915**

Phone: (401) 431-0187

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT John Hickok	46-48 Amaral Street	East Providence, RI	02915
VICE PRESIDENT Richard A. Browning, M.D.	46-48 Amaral Street	East Providence, RI	02915
SECRETARY Gregory J. Towne, M.D.	46-48 Amaral Street	East Providence, RI	02915
TREASURER Gregory W. Coughlin, Jr., M.D.	46-48 Amaral Street	East Providence, RI	02915

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
John Hickok	Same as above		
Richard A. Browning, M.D.	Same as above		
Gregory W. Coughlin, Jr., M.D.	Same as above		
Gregory J. Towne, M.D.	Same as above		
Arthur A. Bert, M.D.	Same as above		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
2,000.00	Common Without par value	750	Common Without par value

FEB 01 1995
 5539

Date **January 2**, 19**95**

By: *John Hickok*
John Hickok

PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 3-1995

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

GEORGE M. CAPPELLO, ESQ
942 PARK AVENUE
CRANSTON RI 02910

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 Sep 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0059971 Annual Report for the year: 1994

Name of Business Entity: New England Medical Billing, Inc.

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

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):

46-48 Amaral Street

East Providence, RI 02915

Phone: 401-431-0187

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

John Hickok, President

46-48 Amaral Street

East Providence, RI 02915

Brief statement of the character of business conducted in Rhode Island:
To provide medical practice management & billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms & other health care providers within and without the State of Rhode Island.
Date of Organization: 4/9/90

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

THE NAMES OF THE OFFICERS ARE:

OFFICE TITLE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT	John Hickok	46-48 Amaral Street	East Providence, RI	02915
<input checked="" type="checkbox"/> VICE PRESIDENT	Richard A. Browning, M.D.	46-48 Amaral Street	East Providence, RI	02915
<input checked="" type="checkbox"/> SECRETARY	Gregory J. Towne, M.D.	46-48 Amaral Street	East Providence, RI	02915
<input checked="" type="checkbox"/> TREASURER	Gregory W. Coughlin, Jr., M.D.	46-48 Amaral Street	East Providence, RI	02915

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
John Hickok	Same as above		
Richard A. Browning, M.D.	Same as above		
Gregory W. Coughlin, Jr., M.D.	Same as above		
Gregory J. Towne, M.D.	Same as above		
Arthur A. Bert, M.D.	Same as above		

NUMBER OF SHARES AUTHORIZED (if Applicable):

NUMBER 2,000.00

CLASS common

SERIES _____

PAR VALUE OR WITHOUT PAR without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable):

NUMBER 750

CLASS common

SERIES _____

PAR VALUE OR WITHOUT PAR without par value

FILED
FEB 23 1994
By 1782 mhc

Date February 1 19 94

By John Hickok

John Hickok
PRESIDENT
TITLE OF OFFICER/AGENT

Form 31 - 1994

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.

GEORGE M. CAPPELLO, ESQ
942 PARK AVENUE
CRANSTON RI 02910

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055971 Annual Report for the year 1993

FIRST: The name of the corporation is New England Medical Billing, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide medical practice management and billing services to hospitals, physicians, health maintenance organizations, free standing emergency rooms and other health care providers within and without the State of Rhode Island.

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

FIFTH: Business address in Rhode Island 46-48 Amaral Street, East Providence, RI
02915

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

Name	Office	Address (including number, street, zip code)
John Hickok	Director	46-48 Amaral St., East Prov., RI 02915
Richard A. Browning, M.D.		Same as above.
Gregory W. Coughlin, Jr., M.D.	Director	Same as above.
Gregory J. Towne, M.D.		Same as above.
Arthur A. Bert, M.D.	Director	Same as above.
John Hickock	President	Same as above.
Richard A. Browning, M.D.	Vice President	Same as above.
Gregory J. Towne, M.D.	Secretary	Same as above.
Gregory W. Coughlin, Jr., M.D.	Treasurer	Same as above.

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common		without par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
700	common		without par value

Dated February 1 1993 New England Medical Billing, Inc.
(Name of Corporation)

By Gregory W. Coughlin, Jr., M.D.
Title Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

910

Corporate ID 0059971

Annual Report for the year 1992

FIRST: The name of the corporation is New England Medical Billing, Inc

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Richard A. Browning, M.D.	Director	46-48 Amaral St., East Prov., RI 02915
Gregory W. Coughlin, Jr., M.D.		Same as above.
Frederick G. Murphy, M.D.	Director	Same as above.
Gregory J. Towne, M.D.		Same as above.
Alan J. Weissburg, M.D.	Director	Same as above.
See attached "Schedule A Continued"	President	Same as above.
	Vice President	Same as above.
	Secretary	Same as above.
	Treasurer	Same as above.

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

PAID
Series
FEB 14 1992

Par Value
or statement that
shares are without
par value
Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
700	Common

Par Value
or statement that
shares are without
par value
Without par value

Dated February 4 19 92

New England Medical Billing, Inc.
(Name of Corporation)

By: Gregory W. Coughlin, Jr., M.D.
Title Treasurer

(Report must be signed by an officer)

SCHEDULE A CONTINUED
NEW ENGLAND MEDICAL BILLING, INC.

President:	Richard A. Browning, M.D.
Vice President:	Alan J. Weissburg, M.D.
Assistant Vice President:	Lawrence G. Colasanto, M.D.
Associate Vice President:	Manuel E. Saborio, M.D.
Associate Vice President:	Norberto G. Concepcion, M.D.
Treasurer:	Gregory W. Coughlin, Jr., M.D.
Vice Treasurer:	Gregory J. Towne, M.D.
Assoc. Vice Treasurer:	Fred A. Rotenberg, M.D.
Secretary:	Frederick G. Murphy, M.D.
Assistant Secretary:	Nancy L. Davis, M.D.
Associate Secretary:	Nooredin Raufi, M.D.
Associate Secretary:	Andrew S. Triebwasser, M.D.

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

55

Corporate ID 0059971 Annual Report for the year 1991

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Gregory W. Coughlin, Jr., M.D.		Same as above
Frederick G. Murphy, M.D.	Director	Same as above
Gregory J. Towne, M.D.		Same as above
Alan J. Weissburg, M.D.	Director	Same as above
See attached "Schedule A Continued"	President	Same as above
	Vice President	Same as above
	Secretary	Same as above
	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
700	Common		Without par value

PAID
JAN 31 1991
SECY OF STATE

Dated January 15 19 91 New England Medical Billing, Inc.
(Name of Corporation)

By Gregory W. Coughlin, Jr. M.D.
Title Treasurer

(Report must be signed by an officer)

SCHEDULE A CONTINUED
NEW ENGLAND MEDICAL BILLING, INC.

President:	Richard A. Browning, M.D.
Vice President:	Alan J. Weissburg, M.D.
Assistant Vice President:	Lawrence G. Colasanto, M.D.
Associate Vice President:	Manuel E. Saborio, M.D.
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Assoc. Vice Treasurer:	Fred A. Rotenberg, M.D.
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Assistant Secretary:	Nancy L. Davis, M.D.
Associate Secretary:	Nooredin Raufi, M.D.
Associate Secretary:	Andrew S. Tricbwasser, M.D.