



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 02903-1355
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 OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (10773), 2. Name of Corporation (Midland Physical Therapy Group Incorporated), 3. Street Address (1500 Oaklawn Avenue), 4. Business Phone No. (463-9240), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (9886), 7. Brief Description of Business (PRIVATE PHYSICAL THERAPY SERVICES), 8. Names and Addresses of Officers (Stephen Morgenstein, Mindy Morgenstein), 9. Names and Addresses of Directors, 10. Shares Authorized (2,000 COMM NO PAR VALUE), 11. Shares Issued (100 common).

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.

Signature of Officer: Stephen S. Morgenstein, DPT
Date: 2/3/05
Print or Type Name of Officer: Stephen S. Morgenstein, DPT
Title of Officer: President

File Date: 2-18-05
Check No.: 346
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No (10773), Name of Corporation (Midland Physical Therapy Group Incorporated), Street Address (1500 Oaklawn Avenue), City (Cranston), State (RI), Zip (02920), Business Phone No (463-9240), State of Incorporation (RHODE ISLAND), SIC Code (9886), Brief Description of Business (PRIVATE PHYSICAL THERAPY SERVICES), Names and Addresses of Officers (President: Stephen Morgenstein, Vice President: Mindy Morgenstein), Names and Addresses of Directors, Shares Authorized (2,000 COMM NO PAR VALUE), and Shares Issued (100 common).

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



\* 1 0 7 7 3 \*

File Date: 1-23-04
Check No: 3114
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: Stephen S. Morgenstein, DPT 1/14/04
Print or Type Name of Officer: Stephen S. Morgenstein, DPT
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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Private Physical Therapy Services**

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

President Name <b>Stephen Morgenstein</b>	Vice President Name <b>Mindy Morgenstein</b>
Street Address <b>1500 Oaklawn Avenue</b>	Street Address <b>1500 Oaklawn Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>
Secretary Name <b>Mindy Morgenstein</b>	Treasurer Name <b>Stephen Morgenstein</b>
Street Address <b>1500 Oaklawn Avenue</b>	Street Address <b>1500 Oaklawn Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

**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 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	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 1 0 7 7 3 \*

File Date: 0-21-03  
Check No. 2441  
By UP

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

Stephen A Morgan DPT 1/13/03  
Signature of Officer Date

Stephen S Morgan DPT  
Print or Type Name of Officer

President  
Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Private physical therapy services**

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

President Name <b>Stephen Morgenstein</b> Street Address <b>1500 Oaklawn Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b> Secretary Name <b>MINDY MORGENSTEIN</b> Street Address <b>1500 OAKLAWN AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>Mindy Morgenstein</b> Street Address <b>1500 Oaklawn Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b> Treasurer Name <b>Stephen Morgenstein</b> Street Address <b>1500 Oaklawn Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 1 0 7 7 3 \*

File Date: 1-17-02  
1-7-85  
Check No.: \_\_\_\_\_  
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] DPT 1/18/02  
Signature of Officer Date  
Stephen S. Morgenstein, DPT  
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 <b>10773</b>		2. Name of Corporation <b>Midland Physical Therapy Group Incorporated</b>	
3. Street Address Principal Business Office <b>1500 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No <b>463-9240</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02920</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Private Physical Therapy services</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)		FILL IN SPACES BEFORE USING ATTACHMENTS	
President Name <b>Stephen Morgenstein</b>		Vice President Name <b>Mindy Morgenstein</b>	
Street Address <b>1500 Oaklawn Avenue</b>		Street Address <b>1500 Oaklawn Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name		Treasurer Name <b>Stephen Morgenstein</b>	
Street Address		Street Address <b>1500 Oaklawn Avenue</b>	
City	State	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
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	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>2000 COM NO PAR VAL</b>	Class/Series	Number of Shares <b>100</b>	Class/Series <b>common</b>
Par Value		Par Value <b>no par</b>	

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



\* 1 0 7 7 3 \*

**FILED**

File Date: **FEB 14 2001**

Check No. 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: **[Date]**  
Print or Type Name of Officer: **Stephen S. Morgenstein DPT**  
Title of Officer: **President / Treasurer**



**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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide physical therapy services.**

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

President Name <b>Stephen Morgenstein</b>	Vice President Name
Street Address <b>1500 Oaklawn Avenue</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
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	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	Class/Series	Par Value
<b>2000 COM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 1 0 7 7 3 \*

File Date: 2-24  
Check No.: 1308  
By: DJM  
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: Stephen S. Morgenstein, DPT Date: 2/21/00  
Print or Type Name of Officer: Stephen S. Morgenstein, DPT  
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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide physical therapy services.**

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

President Name <b>Stephen Morgenstein</b>	Vice President Name
Street Address <b>1500 Oaklawn Avenue</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
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	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  
**2000 COM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common without par**

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



\* 1 0 7 7 3 \*

File Date: Feb 17, 99

Check No.: 9429

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.

Stephen J. Morgenstein, DPT 1/18/99  
Signature of Officer Date

Stephen S. Moragyska, DPT  
Print or Type Name of Officer

President  
Title of Officer



**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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Provide physical therapy services.

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

President Name <b>Stephen Morgenstein</b> Street Address <b>1500 Oaklawn Avenue</b> City State Zip <b>Cranston RI 02920</b> Secretary Name	Vice President Name <b>Mindy L. Morgenstein</b> Street Address <b>1500 Oaklawn Avenue</b> City State Zip <b>Cranston RI 02920</b> Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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)

AUTHORIZED SHARES	Class/Series	Par Value
<b>2000 COM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>without par</b>

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



\* 1 0 7 7 3 \*

File Date: 3-10-98  
Check No.: 4985  
By: WP  
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.

Stephen S. Morgenstein PT 2/2/98  
Signature of Officer Date  
Stephen S. Morgenstein  
Print or Type Name of Officer  
President  
Title of Officer



**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. **10773** 2. Name of Corporation **Midland Physical Therapy Group Incorporated**  
3. Street Address Principal Business Office **1500 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 463-9240** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide physical therapy services.**

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

President Name <b>Stephen Morgenstein</b>	Vice President Name <b>Mindy L. Morgenstein</b>
Street Address <b>1500 Oaklawn Avenue</b>	Street Address <b>1500 Oaklawn Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>
Secretary Name <b>Mindy L. Morgenstein</b>	Treasurer Name <b>Stephen Morgenstein</b>
Street Address <b>1500 Oaklawn Avenue</b>	Street Address <b>1500 Oaklawn Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name <b>None</b>	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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2000</b>	<b>COM NO PAR VAL</b>		<b>100</b>	<b>Common</b>	<b>without par</b>

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



\* 1 0 7 7 3 \*

File Date: 1/9/97

Check No.: 4324

By: KID

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.

Stephen S. Morgenstein 12/31/96  
Signature of Officer Date

Stephen S. Morgenstein  
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. 10773  
2. NAME OF CORPORATION Midland Physical Therapy Group Incorporated  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1500 Oaklawn Avenue  
CITY Cranston STATE RI ZIP CODE 02920  
4. BUSINESS PHONE NO. (401) 463-9240  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 9886  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Provide physical therapy services.

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Stephen Morgenstein STREET ADDRESS 1500 Oaklawn Ave. CITY Cranston STATE RI ZIP CODE 02920	VICE PRESIDENT NAME Mindy L. Morgenstein STREET ADDRESS 1500 Oaklawn Avenue CITY Cranston STATE RI ZIP CODE 02920
SECRETARY NAME Mindy L. Morgenstein STREET ADDRESS 1500 Oaklawn Avenue CITY Cranston STATE RI ZIP CODE 02920	TREASURER NAME Stephen Morgenstein STREET ADDRESS 1500 Oaklawn Avenue CITY Cranston STATE RI ZIP CODE 02920

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES		NUMBER OF SHARES	ISSUED SHARES	
	CLASS / SERIES	PAR VALUE		CLASS / SERIES	PAR VALUE
2000	COM	NO PAR VAL	1000	Common	Without Par

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: 2/7/96  
Check No: 3912  
By: KID / UP  
For Secretary of State Use Only

*Stephen S Morgenstein, PT*  
Signature of Officer  
Stephen S Morgenstein, PT  
Print or Type Name of Officer  
President  
2/7/96  
Date



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

Corporate ID: 0010773 Annual Report for the year: 1995

Name of Corporation: Midland Physical Therapy Group Incorporated

Business entity organized under the laws of the State of: RI Business Entity is (check one):  
 For foreign entity, address and telephone number of principal office:  Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) Brief statement of the character of business conducted in Rhode Island:  
 Provide physical therapy services.

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
 1500 Oaklawn Avenue  
 Cranston, RI 02920

Phone: (401) 463-9240

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Stephen Morgenstein	1500 Oaklawn Avenue	Cranston, RI	02920
VICE PRESIDENT Mindy L. Morgenstein	1500 Oaklawn Avenue	Cranston, RI	02920
SECRETARY Mindy L. Morgenstein	1500 Oaklawn Avenue	Cranston, RI	02920
TREASURER Stephen Morgenstein	1500 Oaklawn Avenue	Cranston, RI	02920

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 2000 Class / Series Common Without Par	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares 1000 Class / Series Common Without Par
-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

Date 1/14, 1995 By Stephen S. Morgenstein, PT  
 PRINT OR TYPE NAME OF OFFICER SIGNING: Stephen S. Morgenstein, PT  
 TITLE OF OFFICER SIGNING: President

Form 31 1/95 **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.

IRA L. SCHREIBER, ESQ.  
 37 SOCKANOSSET CROSS ROAD  
 CRANSTON RI 02900

**FILED**  
 JAN 30 1995  
 By CCA 4643

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: 0010778 Annual Report for the year: 1994

Name of Business Entity: 05-0389240 Medland Physical Therapy Group Incorporated

Business entity organized under the laws of the State of: RI  
Federal Taxpayer Identification Number: \_\_\_\_\_  
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):  
1500 Oaklawn Avenue  
Cranston, RI 02920  
Phone: 401 463-9240

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:  
Mr. Stephen Morgenstein, President  
1500 Oaklawn Avenue  
Cranston, RI 02920  
Brief statement of the character of business conducted in Rhode Island:  
Provide physical therapy services.  
Date of Organization: 11-29-30 11/26/30 (1930)  
Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT	Stephen Morgenstein	1500 Oaklawn Avenue	Cranston RI	
<input checked="" type="checkbox"/> VICE PRESIDENT	Mindy L. Morgenstein	1500 Oaklawn Avenue	Cranston RI	
<input checked="" type="checkbox"/> SECRETARY	Mindy L. Morgenstein	1500 Oaklawn Avenue	Cranston RI	
<input checked="" type="checkbox"/> TREASURER	Stephen Morgenstein	1500 Oaklawn Avenue	Cranston RI	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER: <u>2000</u>	NUMBER: _____
CLASS: <u>Common</u>	CLASS: _____
SERIES: _____	SERIES: _____
PAR VALUE OR WITHOUT PAR: <u>Without Par</u>	PAR VALUE OR WITHOUT PAR: _____

**FILED**  
MAR 25 1994  
By 3073 JB

Date: March 18 19 94  
By: Stephen S. Morgenstein, AS, PT  
Stephen S. Morgenstein  
PRESIDENT / TREASURER  
TITLE OF OFFICER'S SIGNATURE

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

IRA L SCHREIBER, ESQ.  
87 BUCHANANSET CROSS ROAD  
CRANSTON RI 02906

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

2427

Corporate ID 0010773 Annual Report for the year 1993

FIRST: The name of the corporation is Midland Physical Therapy Group Incorporated

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Provide physical therapy service

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen Morgenstein	President	1500 Oaklawn Ave, Cranston, RI
Mindy L. Morgenstein	Vice President	" " " "
Mindy L. Morgenstein	Secretary	" " " "
Stephen Morgenstein	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par

PAID

FEB 22 1993

SECY OF STATE

EIGHTH: Number of Shares issued:

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

Dated February 10 19 93

Midland Physical Therapy Group, Inc.  
(Name of Corporation)

By Stephen D. Morgenstein

Title President

(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

*0805*

Corporate ID 0010773 Annual Report for the year 1992

FIRST: The name of the corporation is Midland Physical Therapy Group, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provider of physical therapy service

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Stephen Morgenstein</u>	<u>President</u>	<u>1500 Oaklawn Avenue, Cranston, RI 02920</u>
<u>Mindy L. Morgenstein</u>	<u>Vice President</u>	<u>1500 Oaklawn Avenue, Cranston, RI 02920</u>
<u>Mindy L. Morgenstein</u>	<u>Secretary</u>	<u>1500 Oaklawn Avenue, Cranston, RI 02920</u>
<u>Stephen Morgenstein</u>	<u>Treasurer</u>	<u>1500 Oaklawn Avenue, Cranston, RI 02920</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>Common</u>	<u>None</u>	<u>No Par</u>

**PAID**  
~~MAR 17 1992~~ 4/15/92

EIGHTH: Number of Shares issued:

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

SECY OF STATE

Dated April 1, 19 92

MIDLAND PHYSICAL THERAPY GROUP, INC.

(Name of Corporation)

By Stephen A. Morgenstein, PT

Title President

(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

Corporate ID.....0010773..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Midland Physical Therapy Group Incorpo.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....PROVIDE PHYSICAL THERAPY SERVICE.....

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

FIFTH: Business address in Rhode Island.....1500 OAKLAWN AVENUE, CRANSTON, RI.....

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

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
STEPHEN MORGENSTEIN	President	1500 OAKLAWN AVE. CRANSTON, RI
MINDY L. MORGENSTEIN	Vice President	1500 OAKLAWN AVE. CRANSTON, RI
MINDY L. MORGENSTEIN	Secretary	1500 OAKLAWN AVE. CRANSTON, RI
STEPHEN MORGENSTEIN	Treasurer	1500 OAKLAWN AVE. CRANSTON, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2000	COMMON

PAID  
APR 19 1991  
SECY OF STATE

Par Value  
or statement that  
shares are without  
par value  
  
NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
.....	.....	.....

Par Value  
or statement that  
shares are without  
par value

Dated.....FEBRUARY 16.....19 91.....

MIDLAND PHYSICAL THERAPY GROUP INC.  
(Name of Corporation)

By.....Stephen J. Morgenstein, M.D. M.P.....

Title.....President.....

(Report must be signed by an officer)

Filing Fee \$15.00

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

*CV*

Corporate ID 10773 Annual Report for the year 1990

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

Dated 1/22 1990

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

(Report must be signed by an officer)

By Stephen S. Morgenstein, M.D., PT  
Title President

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS  
JAN 26 9 01 PM '90

Filing Fee \$15.00

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

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
270 Westminister Mall  
Providence, Rhode Island 02903

DV

Corporate ID 10773 Annual Report for the year 1989

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: Number of Shares authorized:

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

MAR 06 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

Dated 2/24/1989

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

By Stephen S. Morgenstein, MS, PT  
Title President/Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

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

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
270 Westminister Mall  
Providence, Rhode Island 02903

Corporate ID 10773 Annual Report for the year 1988

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

REC'D  
MAR 07 1988  
SECY OF STATE

Dated 1/21 1988

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

FEB 20 1988

(Report must be signed by an officer)

By Stephen S. Morgenstein, et  
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Corporations Division  
270 Westminster Mall  
Providence, Rhode Island 02903

Corporate ID 10773 Annual Report for the year 1987

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

**PAID**

**MAR 03 1987**

**SECY OF STATE**

**MAY 29 1987**

Dated 2/13 1987

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

(Report must be signed by an officer)

By Stephen S. Morgenstein, M.D., P.T.  
Title President

Filing Fee \$15.00

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

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
270 Westminster Mall  
Providence, Rhode Island 02903

Corporate ID 10773 Annual Report for the year 1986

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1500 Oaklawn Avenue, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No Par Value

Dated 2/11 1986

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

By Stephen J. Morgenstein, P.S.T.  
Title President

(Report must be signed by an officer)

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RECEIVED  
CORPORATIONS DIVISION  
STATE OF RHODE ISLAND  
APR 17 1986

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

#10773

Annual Report for the year 1985

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY

GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

Business address: - 1500 Oaklawn Ave., Cranston, RI  
(address) Blank Reports to - Adler Pollock & Sheehan  
2300 Hospital Trust Tower, Providence, RI 02903, Attn: Edward L. Maggiacomo

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy Morgenstein	Vice President	Same
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No par value

Dated: February 20, 1985

MIDLAND PHYSICAL THERAPY GROUP  
(Name of Corporation) INCORPORATED

RECEIVED MAR 1985

re-certified AH

By: Stephen S. Morgenstein, President  
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office  
N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Blank Reports to - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903, Attn: Edward L. Maggiasco

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
	Vice President	
Mindy Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No par value

Dated: 2/1/84 1984

MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(Name of Corporation)

By Stephen S. Morgenstein, MS, PT  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY  
GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy  
services

FOURTH: If foreign corporation, address of its principal office  
N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
Business Address - 1500 Oaklawn Ave., Cranston, RI  
address) Blank Reports to - Adler Pollock & Sheehan, 2300 Hospital  
Trust Tower, Providence, RI 02903, Attn: Edward L. Maggiacomo

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy L. Morgenstein	Secretary	Same
	<del>President</del>	
	Treasurer	
Stephen S. Morgenstein	<del>Secretary</del>	Same
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

MAR 21 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No par value

Dated: February 1, 1983

MIDLAND PHYSICAL THERAPY GROUP  
INCORPORATED  
(Name of Corporation)

By: Stephen S. Morgenstein, M.D., P.T.  
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is physical therapy services

FOURTH: If foreign corporation, address of its principal office  
N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Business Address - 1500 Oaklawn Ave., Cranston, RI  
Blank Reports to - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903, Attn: Edward L. Maggiacomo

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy L. Morgenstein	Vice President	Same
Mindy L. Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	--	No par value

Dated: January 25 1982

MIDLAND PHYSICAL THERAPY GROUP  
(Name of Corporation) INCORPORATED

By Stephen L. Morgenstein, M.S., PT

Title President

FEB 3 1982

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

#### MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is  
MIDLAND PHYSICAL THERAPY GROUP INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
2300 Hospital Trust Tower, Providence, RI  
and the name of its registered agent in Rhode Island at such address is  
Edward L. Maggiacomo

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is  
N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is physical therapy services

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
Stephen S. Morgenstein	President	1500 Oaklawn Ave., Cranston, RI
Mindy L. Morgenstein	Vice President	Same
Mindy L. Morgenstein	Secretary	Same
Stephen S. Morgenstein	Treasurer	Same

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	Common	2 7 B1	No par value

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FEB 17 1981  
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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	Common	--	No par value

Dated *Feb 1*, 19*81* MIDLAND PHYSICAL THERAPY GROUP INCORPORATED  
(NAME OF CORPORATION)

By *Mindy L. Morgenstern*  
*its president*  
Its *Secretary*