



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 126777		2. Name of Corporation Specialized Orthopedic Physical Therapy, Inc.		
3. Street Address Principal Business Office 349 CENTERVILLE ROAD, BUILDING 6, SUITE B		City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4013846490		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM ALL ASPECTS OF PHYSICAL THERAPY INCLUDING BUT NOT LIMITED TO GENERAL ORTHOPEDIC TO GENERAL SPORTS. MEDICINE				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jason M. Ulisse		Vice President Name James C. Welch		
Street Address 16 Valley Stream Drive		Street Address 123 Dean Drive		
City Cumberland	State RI	Zip 02864	City Seekonk	State MA
Secretary Name James C. Welch		Treasurer Name Jason M. Ulisse		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
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"/> 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
1,000 NO PAR VALUE			100	common
				non par value

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



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126777 DBC 01/28/05 11:34:49 AM

File Date 2/28/05

Check No. 870

By: JS

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 Jason M. Ulisse Date 2/21/05
Jason M. Ulisse
Print or Type Name of Officer
President
Title of Officer



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President Name Jason M. Ulisse			Vice President Name James C. Welch		
Street Address 16 Valley Stream Drive			Street Address 123 Dean Drive		
City Cumberland	State RI	Zip 02864	City Seekonk	State MA	Zip 02771
Secretary Name James C. Welch			Treasurer Name Jason M. Ulisse		
Street Address same as above			Street Address same as above		
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126777 DBC 02/18/04 2:16 PM

FILED

File Date FEB 23 2004

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: Jason M. Ulisse Date: 2/18/04

Print or Type Name of Officer: Jason M. Ulisse

Title of Officer: President



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 2003

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(FORM MUST BE TYPED IN BLACK)

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126777 DBC1/21/0311:16:40 AM

File Date 1-28-03

Check No. 181

By JP

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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

Jason M. Ulisse

Print or Type Name of Officer

President

Title of Officer

Date

1/23/03