

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

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

	Opecianze	o Oranopeuic Errysica	al Therapy, Inc.		
3. Street Address Principal Bu	siness Office	 	Cin	State	Zip
349 CENTERVILLE	ROAD, BUILD	ING 6, SUITE B	:WARWICK	RI	02886-
1. Business Phone No.		5. State of Incorpor	ration		6. SIC Code
4013846490 RHODE ISLA			AND		-
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Jason M. Ulisse			James C. Welch		
Street Address			Street Address		
16 Valley Stream Drive			.123 Dean Drive		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Seekonk	: MA	02771
ecretary Name	. !		Treasurer Name		
James C. Welch			Jason M. Ulisse		
Sireei Address			'Street Address	······································	
same as above			.same as above		
City	State	Zip	City	State	Zip
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9. NAMES AND ADDRE	SSES OF THE D	RECTORS ("X" BOX F	OR ATTACHMENT) FILL IN	SPACES BEFORE USING A	TTACHMENTS
Director Name	· · • •- · ·		Director Name		
None			:		
Street Address			- Street Address		
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Director Name		!	Director Name		
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City	State	Zip	.City·	State	Lap .
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1 2 6 126777 DBC 01/28/	ned in ink by ci	<u></u>	Under penalty of pethis report, including and that all stateme Significant of Officer	erjury. I declare and affirm to any accompanying sched nts contained herein are tru	hat I have examined ules and statements,
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1 2 6 126777 DBC 01/28/	ned in ink by ci	<u></u>	Under penalty of perthis report, including and that all statements of Officer Jason M. U	erjury. I declare and affirm tog any accompanying sched nts contained herein are true.	hat I have examined ules and statements,



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

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Specialized Orthopedic Physical Therapy, Inc. 126777 3. Street Address Principal Business Office State Zio 349 CENTERVILLE ROAD, BUILDING 6, SUITE B WARWICK RI 02886-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013846490 RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS. President Name Vice President Name Jason M. Ulisse James C. Welch Street Address Street Address 16 Valley Stream Drive . 123 Dean Drive State Zip State Zip 02864 Cumberland RΙ Seekonk MA 02771 Secretary Name Treasurer Name James C. Welch Jason M. Ulisse Street Address Street Address same as above same as above State Cin State Zıp 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City State 7ip City State 2ip Director Name Director Name Street Address ·Street Address City State Cin Zip State Zσ 10. SHARES AUTHORIZED C'X" BOX FOR ATTACHMENT 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [], AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 1,000 NO PAR VALUE 100 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. *126777 DBC 0244

- a1044

Signature of Officer

Jason M. Ulisse

Print or Type Name of Officer

President

Tule of Officer

Form 630 12/01



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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *126777* Specialized Orthopedic Physical Therapy, Inc. 3. Street Address Principal Business Office City State 349 Centerville Road, Building 6, Suite B Warwick RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 384-6490 RHODE ISLAND 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 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jason M. Ulisse James C. Welch Street Address Street Address 16 Valley Stream Drive . 123 Dean Drive City Zip City State Zip Cumberland RI 02864 Seekonk MA 02771 Secretary Name Treasurer Name James C. Welch Jason M. Ulisse Street Address Street Address same as above .same as above State City Zip State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) . FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State Zip ·City State 7.ip Director Name Director Name Street Address Street Address City State Zip State 10. SHARES AUTHORIZED CAY BOX FOR ATTACHMEND, DECAR 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
ISSUED SHARES AUTHORIZED SHARES Number of Shares Par Value Class/Scries Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 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. *126777 DBC1/21/0311:16:40 AM* File Date Signature of Officer Check No. Jason M. Ulisse Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01