



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. 100880		2. Name of Corporation A-STAT Medical Billing Management, Inc.			
3. Street Address Principal Business Office 19 MENDON AVENUE			City PAWTUCKET	State RI	Zip 02861-
4. Business Phone No. 4017269907		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE AND ASSIST IN ANY AND ALL BILLING PRACTICES AND PROCEDURES RELATED TO MEDICAL TRANSPORT DIRECTLY OR INDIRECTLY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary Reis			Vice President Name Michelle A. Carello		
Street Address 86 Naushon Road			Street Address 30 Fletcher Street		
City Pawtucket	State RI	Zip 02861	City Plainville	State MA	Zip
Secretary Name Gary Reis			Treasurer Name Gary Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000	NO PAR VALUE		200	Common	No Par Value

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



1 0 0 8 8 0

\*100880 DBC 01/10/05 01:56:14 PM\*

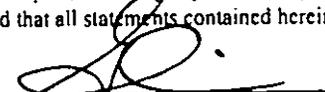
File Date 1/21/05

Check No. 4593

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  
Date 1/14/05  
Gary Reis  
Print or Type Name of Officer  
President  
Title of Officer



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 IN BLACK)

1. Corporate ID No. 100880		2. Name of Corporation A-STAT Medical Billing Management, Inc.			
3. Street Address Principal Business Office 19 MENDON AVENUE			City PAWTUCKET	State RI	Zip 02861-
4. Business Phone No. 4017269907		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE AND ASSIST IN ANY AND ALL BILLING PRACTICES AND PROCEDURES RELATED TO MEDICAL TRANSPORT  
DIRECTLY OR INDIRECTLY.

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

President Name Gary Reis			Vice President Name Michelle A. Carello		
Street Address 86 Naushon Road			Street Address 30 Fletcher Street		
City Pawtucket	State RI	Zip 02861	City Plainville	State MA	Zip
Secretary Name Gary Reis			Treasurer Name Gary Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861

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

Director Name Gary Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("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	Class/Series	Par Value
1,000	NO PAR VALUE		160	Common	No 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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\*100880 DBC 01/20/04 03:17:41 PM\*

File Date 3/4/04

Check No. 3740

By: rs

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] 2-30-04  
Signature of Officer Date

Gary Reis  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100880		2. Name of Corporation A-STAT Medical Billing Management, Inc.			
3. Street Address Principal Business Office 19 Mendon Avenue			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-726-9907		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island To engage and assist in any and all billing practices and procedures related to all types of medical services					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name MARY BETH REIS			Vice President Name GARY REIS		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name MARY BETH REIS			Treasurer Name GARY REIS		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name MARY BETH REIS			Director Name GARY REIS		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>			<b>11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	COMMON	NO PAR

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



1 0 0 8 8 0

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 \_\_\_\_\_ Date \_\_\_\_\_  
Vice President - Gary Reis  
Print or Type Name of Officer  
Vice President  
Title of Officer

File Date 4-29-03  
Check No. 2998  
By [Signature]  
FOR SECRETARY OF STATE USE ONLY



**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. **100880** 2. Name of Corporation **A-STAT Medical Billing Management, Inc.**  
3. Street Address Principal Business Office **19 Mendon Avenue** City **Pawtucket** State **RI** Zip **02861**  
4. Business Phone No **401-726-9907** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage and assist in any and all billing practices and procedures related to all types of medical services.

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

President Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Vice President Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>
Secretary Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Treasurer Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>

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

Director Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Director Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>
Director Name <b>None</b> Street Address  City _____ State _____ Zip _____	Director Name <b>None</b> Street Address  City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 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 0 8 8 0 \*

File Date: 3/27/2002

Check No: 1988

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.

Mary Beth Reis 02/26/02  
Signature of Officer Date

MARY BETH REIS  
Print or Type Name of Officer

Secretary  
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. **100880** 2. Name of Corporation **A-STAT Medical Billing Management, Inc.**

3. Street Address Principal Business Office **140 Smithfield Avenue** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. **726-9907** 5. State of Incorporation **RHODE ISLAND** 6. **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage and assist in any and all billing practices and procedures related to all types of medical services.

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

President Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Vice President Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>
Secretary Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Treasurer Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>

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

Director Name <b>MARY BETH REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Director Name <b>GARY R. REIS</b> Street Address <b>86 Naushon Road</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>
Director Name <b>N/A</b> Street Address	Director Name <b>N/A</b> Street Address

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



\* 1 0 0 8 8 0 \*

**FILED**

File Date: **MAR 01 2001**

Check No.: **BY [Signature]**

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.

**Mary Beth Reis** 2/12/01  
Signature of Officer Date

**MARY BETH REIS**  
Print or Type Name of Officer

**Secretary**  
Title of Officer



**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. **100880** 2. Name of Corporation **A-STAT Medical Billing Management, Inc.**  
3. Street Address Principal Business Office **140 Smithfield Avenue** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. **726-9907** 5. State of Incorporation **Rhode Island** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To engage and assist in any and all billing practices and procedures related to all types of medical services.

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

<i>President Name</i> <b>MARY BETH REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b>	<i>Vice President Name</i> <b>GARY R. REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b>
<i>Secretary Name</i> <b>MARY BETH REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b>	<i>Treasurer Name</i> <b>GARY R. REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b>

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

<i>Director Name</i> <b>MARY BETH REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b> <i>Director Name</i> <b>N/A</b> <i>Street Address</i>  <i>City</i> <i>State</i> <i>Zip</i>	<i>Director Name</i> <b>GARY R. REIS</b> <i>Street Address</i> <b>86 Naushon Road</b> <i>City</i> <b>Pawtucket</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02861</b> <i>Director Name</i> <b>N/A</b> <i>Street Address</i>  <i>City</i> <i>State</i> <i>Zip</i>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE

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

ISSUED SHARES		
Number of Shares	Class/Series	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

File Date: 9-7-00  
Check No.: 1426  
By: NA  
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* Mary Beth Reis *Date* 8/21/00  
**MARY BETH REIS**  
*Print or Type Name of Officer*  
**Secretary**  
*Title of Officer*



1999



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID: **100880**      2. **AMBULANCE RESCUE BILLING, INC.**

3. Street Address Principal Business Office: **140 SMITHFIELD AVE**      City: **Pawtucket**      State: **RI**      Zip: **02861**  
4. Business Phone No.: **723 - 5533**      5. **RHODE ISLAND**      6. SIC Code: **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To engage and assist in any and all billing practices and procedures related to medical transport.

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

President Name <b>GARY REIS</b>	Vice President Name <b>MARY BETH REIS</b>
Street Address <b>86 Naushon Road</b>	Street Address <b>86 Naushon Road</b>
City      State      Zip <b>Pawtucket      RI      02861</b>	City      State      Zip <b>Pawtucket      RI      02861</b>
Secretary Name <b>MARY BETH REIS</b>	Treasurer Name <b>GARY REIS</b>
Street Address <b>86 Naushon Road</b>	Street Address <b>86 Naushon Road</b>
City      State      Zip <b>Pawtucket      RI      02861</b>	City      State      Zip <b>Pawtucket      RI      02861</b>

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

Director Name <b>GARY REIS</b>	Director Name <b>MARY BETH REIS</b>
Street Address <b>86 Naushon Road</b>	Street Address <b>86 Naushon Road</b>
City      State      Zip <b>Pawtucket      RI      02861</b>	City      State      Zip <b>Pawtucket      RI      02861</b>
Director Name <b>None</b>	Director Name <b>None</b>
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  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**100      Common      No Par**

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



**FILED**

File Date: **MAR 23 1999**  
Check No.:  
By: **Ce 8612**

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.

**Mary Beth Reis**      1/22/99  
Signature of Officer      Date  
**MARY BETH REIS**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer