



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)

1 Corporate ID No 99982		2 Name of Corporation J.D. GLOOR M.D., INC.			
3 Street Address Principal Business Office 1051 Ten Rod Road			City No. Kingstown	State RI	Zip 02852
4 Business Phone No 401-294-3200		5 State of Incorporation RHODE ISLAND			6 SIC Code 9217
7 Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF MEDICINE INCLUDING, BUT NOT LIMITED TO, PRIMARY CARE MEDICINE, EMERGENCY CARE, AND INTERNAL MEDICINE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James D. Gloor, MD			Vice President Name		
Street Address 174 Gibson Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name James D. Gloor, MD			Treasurer Name James D. Gloor, MD		
Street Address 174 Gibson Avenue			Street Address 174 Gibson Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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	Zip
Director Name			Director Name		
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
100 NO PAR VALUE			50	common	no par

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



File Date 10/6/05
Check No 4965
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.

James D. Gloor, MD 9/14/05
Signature of Officer Date
James D. Gloor, MD
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 99982		2. Name of Corporation J.D. GLOOR M.D., INC.			
3. Street Address Principal Business Office 1051 Ten Rod Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-3200		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF MEDICINE INCLUDING, BUT NOT LIMITED TO, PRIMARY CARE MEDICINE, EMERGENCY CARE, AND INTERNAL MEDICINE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James D. Gloor, MD			Vice President Name		
Street Address 174 Gibson Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name James D. Gloor, MD			Treasurer Name James D. Gloor, MD		
Street Address 174 Gibson Avenue			Street Address 174 Gibson Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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	Zip
Director Name			Director Name		
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
100 NO PAR VALUE			50	common	no par

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



* 9 9 9 8 2 *

File Date 6/3/04
Check No. 1725
By: W
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.

James D. Gloor 3-5-04
Signature of Officer Date
James D. Gloor, MD
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 OR PRINTED IN BLACK)

1. Corporate ID No. **99982** 2. Name of Corporation **J.D. GLOOR M.D., INC.**
3. Street Address Principal Business Office **1051 Ten Rod Road** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **401-294-8200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
practice of medicine

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

President Name James D. Gloor, MD	Vice President Name
Street Address 174 Gibson Avenue	Street Address
City State Zip Narragansett RI 02882	City State Zip
Secretary Name James D. Gloor, MD	Treasurer Name James D. Gloor, MD
Street Address 174 Gibson Avenue	Street Address 174 Gibson Avenue
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

Director Name none	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
100 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	common	no par

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



* FILED *
2

File Date: **JUL 22 2003**

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

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]
Signature of Officer Date

James D. Gloor, MD
Print or Type Name of Officer
President

Title of Officer
5



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. **99982** 2. Name of Corporation **J.D. GLOOR M.D., INC.**
3. Street Address Principal Business Office **1051 Ten Rod Road** City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **401-294-3200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

practice of medicine

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

President Name James D. Gloor, MD	Vice President Name
Street Address 174 Gibson Avenue	Street Address
City State Zip Narragansett RI 02882	City State Zip
Secretary Name James D. Gloor, MD	Treasurer Name James D. Gloor, MD
Street Address 174 Gibson Avenue	Street Address 174 Gibson Avenue
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

Director Name none	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
100 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	common	no par

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



* 9 9 9 8 2 *

File Date: 5-3-02
15703
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] 4-10-02
Signature of Officer Date
James D. Gloor, MD
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. **99982** 2. Name of Corporation **J.D. GLOOR M.D., INC.**

3. Street Address Principal Business Office City State Zip
294 Valley Road **Middletown** **RI** **02842**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-847-7772 **RHODE ISLAND** **9217**

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

practice of medicine

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

President Name James D. Gloor, MD	Vice President Name
Street Address 174 Gibson Avenue	Street Address
City State Zip Narragansett RI 02882	City State Zip
Secretary Name James D. Gloor, MD	Treasurer Name James D. Gloor, MD
Street Address 174 Gibson Avenue	Street Address 174 Gibson Avenue
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

Director Name none	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
100 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



* 9 9 9 8 2 *

File Date: 6-3-01
Check No: 14902
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] 1-18-01
Signature of Officer Date
James D. Gloor, MD
Print or Type Name of Officer
President
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. **99982** 2. Name of Corporation **J.D. GLOOR M.D., INC.**

3. Street Address Principal Business Office **294 Valley Road** City **Middletown** State **RI** Zip **20842**

4. Business Phone No. **401-847-7772** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

practice of medicine

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

President Name **James D. Gloor, MD**
Street Address **174 Gibson Avenue**
City **Narragansett** State **RI** Zip **02882**

Vice President Name
Street Address
City State Zip
Treasurer Name **James D. Gloor, MD**
Street Address **174 Gibson Avenue**
City **Narragansett** State **RI** Zip **02882**

Secretary Name **James D. Gloor, MD**
Street Address **174 Gibson Avenue**
City **Narragansett** State **RI** Zip **02882**

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

Director Name **none**
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

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

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



* 9 9 9 8 2 *

File Date: 3/10/00 4/12/00

Check No.: 13835

By: JD

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
James D. Gloor, MD
Print or Type Name of Officer
President
Title of Officer

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. **99982** 2. Name of Corporation **J.D. GLOOR M.D., INC.**

3. Street Address Principal Business Office
294 Valley Road City **Middletown** State **RI** Zip **02842**

4. Business Phone No. **(401)-847-7772** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

practice of medicine

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

President Name James D. Gloor, MD	Vice President Name
Street Address 174 Gibson Avenue	Street Address
City State Zip Narragansett RI 02882	City State Zip
Secretary Name James D. Gloor, MD	Treasurer Name James D. Gloor, MD
Street Address 174 Gibson Avenue	Street Address 174 Gibson Avenue
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

Director Name none	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
100 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
	common	no par

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



File Date: March 9, 99
Check No.: 12860
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: 2-25-99
James D. Gloor, MD
Print or Type Name of Officer
President
Title of Officer