

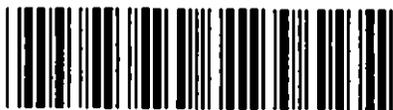


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>115784</b>		2. Name of Corporation <b>OCEAN STATE REHABILITATION ASSOCIATES LTD.</b>			
3. Street Address Principal Business Office <b>116 Eddie Dowling Highway</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No <b>(401) 766-0800 X5368</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9217</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PHYSICAL MEDICINE AND REHABILITATION</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas E. McGunigal, Jr.</b>			Vice President Name <b>Thomas E. McGunigal, Jr.</b>		
Street Address <b>16 Harwood Road</b>			Street Address <b>16 Harwood Road</b>		
City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Thomas E. McGunigal, Jr.</b>			Treasurer Name <b>Thomas E. McGunigal, Jr.</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("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
<b>300 COMM NO PAR VALUE</b>			<b>50</b>	<b>common</b>	<b>no par value</b>

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



File Date 2.2.05  
Check No. 1697  
By 2  
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.  
Thomas E. McGunigal, Jr. 1-20-05  
Signature of Officer Date  
**Thomas E. McGunigal, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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)

1. Corporate ID No. <b>115784</b>		2. Name of Corporation <b>OCEAN STATE REHABILITATION ASSOCIATES LTD.</b>			
3. Street Address Principal Business Office <b>116 Eddie Dowling Highway</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No. <b>(401) 766-0800 X5368</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PHYSICAL MEDICINE AND REHABILITATION</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas E. McGunigal, Jr.</b>			Vice President Name <b>Thomas E. McGunigal, Jr.</b>		
Street Address <b>16 Harwood Road</b>			Street Address <b>16 Harwood Road</b>		
City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Thomas E. McGunigal, Jr.</b>			Treasurer Name <b>Thomas E. McGunigal, Jr.</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
<b>300 COMM NO PAR VALUE</b>			<b>50</b>		
			<b>common</b>		
			<b>no par value</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		

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



\* 1 1 5 7 8 4 \*

File Date 1-26-04  
Check No. 1525  
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] 1/16/04  
Signature of Officer Date

Thomas E. McGunigal, Jr.  
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. **115784** 2. Name of Corporation **OCEAN STATE REHABILITATION ASSOCIATES LTD.**  
3. Street Address Principal Business Office  
**1 16 Eddie Dowling Highway** City **North Smithfield** State **RI** Zip **02896**  
4. Business Phone No. **(401) 766-0800 X5368** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Physical medicine and rehabilitation**

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

President Name <b>Thomas E. McGunigal, Jr.</b>	Vice President Name <b>Thomas E. McGunigal, Jr.</b>
Street Address <b>16 Harwood Road</b>	Street Address <b>16 Harwood Road</b>
City <b>E. Greenwich</b> State <b>RI</b> Zip <b>02818</b>	City <b>E. Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>Thomas E. McGunigal, Jr.</b>	Treasurer Name <b>Thomas E. McGunigal, Jr.</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
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 <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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>300</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>50</b>	<b>common</b>	<b>no par value</b>

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



\* 1 1 5 7 8 4 \*

File Date: 2/18/03

Check No.: 1371

By: ICP

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.

T. McGunigal 1-31-03  
Signature of Officer Date

Thomas E. McGunigal, Jr.

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. 115784 2. Name of Corporation OCEAN STATE REHABILITATION ASSOCIATES LTD.  
3. Street Address Principal Business Office  
116 Eddie Dowling Highway City North Smithfield State RI Zip 02896  
4. Business Phone No. (401) 766-8800 x 5368 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island  
Physical medicine and rehabilitation

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

President Name <u>Thomas E. McGunigal, Jr.</u>	Vice President Name <u>Thomas E. McGunigal, Jr.</u>
Street Address <u>16 Harwood Road</u>	Street Address <u>16 Harwood Road</u>
City <u>E, Greenwich</u> State <u>RI</u> Zip <u>02818</u>	City <u>E, Greenwich</u> State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>Thomas E. McGunigal, Jr.</u>	Treasurer Name <u>Thomas E. McGunigal, Jr.</u>
Street Address <u>same as above</u>	Street Address <u>same as above</u>
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 <u>NONE</u>	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
<u>300</u>	<u>COMM</u>	<u>NO PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>50</u>	<u>common</u>	<u>no par value</u>

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



\* 1 1 5 7 8 4 \*

File Date: 2-15-02

Check No.: 1168

By: KMC

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.

T. McGunigal 2-11-02  
Signature of Officer Date

Thomas E. McGunigal, Jr.

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. 115784		2. Name of Corporation OCEAN STATE REHABILITATION ASSOCIATES LTD.			
3. Street Address Principal Business Office 116 Eddie Dowling Highway			City No. Smithfield	State RI	Zip 02896
4. Business Phone No. 766-9800		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Physical medicine and rehabilitation					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. McGunigal, Jr.			Vice President Name Thomas E. McGunigal, Jr.		
Street Address 16 Harwood Road			Street Address 16 Harwood Road		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
Secretary Name Thomas E. McGunigal, Jr.			Treasurer Name Thomas E. McGunigal, Jr.		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" 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
300	common	no par value	50	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: 4-5-01  
 Check No.: 1026  
 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.

Thomas E. McGunigal 3/29/01  
 Signature of Officer Date  
 Thomas E. McGunigal, Jr.  
 Print or Type Name of Officer  
 President