

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Ocean State Anesthesia Partners, ProfessionalCorporation 93398 3. Street Address Principal Business Office State Zip WARWICK 43 CRESTON WAY RI 02886 4. Business Phone No. 6. SIC Code 5. State of Incorporation 9886 4018858153 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Denise C. Hubbard - Gary E. Nilsson Street Address Sircei Address . 43 Creston Way 43 Creston Way Cirv State Zip City State Zip 02886 02886 RI Warwick Warwick Treasurer Name Secretary Name Denise C. Hubbard Gary E. Nilsson Street Address Street Address .43 Creston Way 43 Creston Way Zip City State City State Zip RΙ 02886 RI 02886 .Warwick Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name . Director Name N/A + Street Address Street Address Zip City State City State Zip Director Name Director Name Street Address Street Address State Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value Par Value Number of Shares Class/Scries no par value 100 common 1,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

*93398 DI	BC 01/12/05 01:52:25 PM*
File Date	1.21.05
Check No.	17306
By:	Q.
FOR SECRE	TARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I have	
\	this report, including any accompanying schedules and	
į	and that all streements contained herein are trace and ed	11405
•	Signature of Officer Date	7
	Denise C. Hubbard	
	Print or Type Name of Officer	
	President	
	Title of Officer	Form 630 12/01



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

Form 630 12/01

#### PRÖFIT 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. 2. Name of Corporation Ocean State Anesthesia Partners, ProfessionalCorporation 93398 3. Street Address Principal Business Office Cirv State Zip 43 CRESTON WAY WARWICK RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018858153 RHODE ISLAND 9886 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Nume Vice President Name Denise C. Hubbard Gary E. Nilsson Street Address Street Address 43 Creston Way .43 Creston Way City City State Zip State Zip Warwick RI 02886 Warwick RI 02886 Secretary Name Treasurer Name Denise C. Hubbard Gary E. Nilsson Street Address Strect Address 43 Creston Way .43 Creston Way City State Zip Ciry State Zip Warwick RI 02886 Warwick RI 02886 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A Street Address Sireet Address City State Zip ·City State Zip Director Name Director Name Street Address Sireci Address City State 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/Scries 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,
*93398 DBC 02/06/04 04:56/30 PM*	and that all statements contained herein are true and correct
File Date 315109	Densi Vielle (0) 3/33
110205	Signature of Officer Date
Check No.	Denise C. Hubbard
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	T-11077

Title of Officer



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 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No Ocean State Anesthesia Partners, ProfessionalCorporation \*93398\* 3. Street Address Principal Business Office State Zip 43 CRESTON WAY WARWICK RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018858153 RHODE ISLAND 9886 7. Brief Description of the Character of Business Conducted in Rhode Island.
TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Denise C. Hubbard Gary E. Nilsson Sireei Address Sireei Address 43 Creston Way .43 Creston Way City Stole Zip State Ciry Zip Warwick RI Warwick RI02886 02886 Treasurer Name Secretary Name Denise C. Hubbard Gary E. Nilsson Street Address Street Address 43 Creston Way .43 Creston Way City City State Zip State Zip RI RΙ 02886 Warwick 02886 Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A · Street Address Street Address State ·Ciry Zip City State Zıp Director Name Director Name Sircei Address ·Street Address Cirv State Zip State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shures Class/Scries Par Value Number of Shures Cluss/Series common No par value 1,000 NO PAR VALUE 100 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,
*93398 DBC1/27/033:54:47 PM* File Date 0 3	and that all statements contained herein are true and correct.
Check No. 15109	Denise C. Hubbard  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer Form 630 12/0
·	

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	RE	TYPED	IN	BLACK)
1 Care		11-			

1. Corporate ID No. 93398

Number of Shares

1,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

93398	Ocean Sta	te Anesthesia Partners, Profe	ssionalCorporation		
3. Street Address Principal Business (	Office		City	State	ZIp
43 Creston Way			Warwick	RI	02886
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 885-8153		RHODE ISLAND			9886
7. Brief Description of the Character	of Business Conducte	d in Rhode Island			
To provide nurs:	ing care	medical services	s and activiti	es related	thereto.
	SES OF THE OI	FICERS ("X" BOX FOR ATTACH		BEFORE USING AT	<b>FACHMENTS</b>
President Name			Vice President Name		
Denise C Hubbaro	d		Gary E Nilss	on	
43 Creston Way			43 Creston W	ау	
City	State	Zip	City	State	ZIp
Warwick	RI	02886	Warwick	RI	02886
Secretary Name	••	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	•	
Gary E Nilsson			Denise C Hub	bard	
Street Address			Street Address		
43 Creston Way			43 Creston W	ay	
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
9. NAMES AND ADDRESS	SES OF THE DI	RECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING A	TTACHMENTS
Director Name			Director Name		
N/A					
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 AUTHORIZEE	) ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHM	IENT)
AUTHORIZED SHARES			ISSUED SHARES		

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

Number of Shares

100



Class/Series

Par Value

File Date:	4-11-02
	13916
Check No.:	7

Denise C Hubbard

Class/Series

Common

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 hergin are true and coltrect.

Print or Type Name of Officer

nature of Officer

President

Title of Officer

Par Value

No par value



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Perioa: January	1-march 1	Fitting Fee: \$50.00			IXSTRUCT
FORM MUST BE TYPED IN BLA  1. Corporate ID No.	(CK) 2 Name of Corporal				
93398			rtners, Professiona	lCorporation	1
3. Street Address Principal Business	Office		City	State	Zip
43 Creston Way		5. State of Incorporation	Warwick	RI	02886 6. SIC Code <b>9886</b>
(401) 885–8153  7. Brief Description of the Character	r of Business Conducted i	RHODE ISLAND  n Rhode Island	)		7000
Medical Service 8. NAMES AND ADDRES President Name		CERS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACES BEI	FORE USING ATTA	CHMENTS
Denise C. Hubba Street Address 43 Creston Way	ard		Gary E. Nilsson Street Address 43 Creston Way		
City	State	Zip	City	State	Zip
Warwick Secretary Name	RI	02886	Warwick Treasurer Name	RI	02886
Gary E. Nilssor	1		Denise C. Hubbard		
City 43 Creston Way	State	Zıp	43 Creston Way	State	Zip
Warwick	RĬ	02886	Warwick	RI	02886
9. NAMES AND ADDRES Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES E Director Name	SEFORE USING ATT	ACHMENTS
N/A Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	7 ip	City	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMEN	<i>T</i> )
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
1,000 NO PAR VA	LUE				

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

* 9 3 3 9 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date	Synature of Officer
Check No.: 1	Denise C. Hubbard  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer

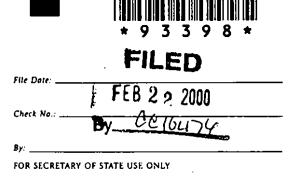
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. Carporate ID No. 93398	2. Name of Corporation Ocean Stat	n e Anesthesia Part	tners, Professio	nalCorporation	
3. Street Address Principal Business C	ОПСе		City	State	Zip
4. Business Anon Creston V	<b>Va</b> y	5. State of incorporation RHODE ISLAND	Warwick	RI	02886 6. sic Coge 9886
7. Bele / Da Applion 8 Pin Charden	S of Business Conducted in	Rhode Island			
Medical Servic 8. NAMES AND ADDRESS President Name Denise C. Hubb		ERS ("X" BOX FOR ATTACHI	Vice President Name Gary E. Nil	SBEFORE USING ATTA	CHMENTS
Street Address	•		Street Address 43 Creston	Wav	
43 Creston Way	y State	Zip	City	State	Zip
Warwick Secretary Name	RI	02886	Warwick Treasurer Name	RI	02886
Gary E. Nilsso	on		Denise C. H		
43 Creston Way	у _ `		43 Creston	Way	
City	State	Zip	c <sub>liy</sub> Warwick	Stote R I	zι <sub>ρ</sub> 02886
Warwick 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIREC	02886 CTORS ("X" BOX FOR ATTAC		CES BEFORE USING ATT	
N/A 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 ATTAC	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALU	JE		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 Signature of Officer

Denise C. Hubbard

Print or Type Name of Officer

President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIAN READ INVIRCI HON

Corporate ID No. <b>93398</b>	2. Name of Corporation		ers, ProfessionalCorpora	tlon	
Street Address Principal Business C		Aliastilasia Fattila	-		21-
43 Creston Way	ημιεε		Warwick	State RI	<sup>21p</sup> 02886
Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 885-8153		RHODE ISLA	ND		9886
Brief Description of the Character of Medical services	of Business Conducted in	Rhode Island	•		
NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) ( FILL IN SPACES'E	EFORE USING ATTA	CHMENTS
Denise C. Hubbard	ì		Vice President Name Gary E. Nilsson	1	
reel Address			Street Address		_
43 Creston Way			43 Creston Way		
lty	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
cretary Name		•••••••	Treasurer Name		·····
Gary E. Nilsson			Denise C. Hubba	rd	
reet Address			Street Address		· · · · · · · · · · · · · · · · · · ·
43 Creston Way	•		43 Creston Way		_
"Warwick	State RI	<sup>Zip</sup> 02886	City	State	Zip
	-1-	02000	Warwick	RI	02886
rector Name N/A reet Address			Director Name  Street Address		-
	<b>.</b> .	•	· · · · · · · · · · · · · · · · · · ·	r State	· —
ty	State	Zip	City	· State	Zip
ector Name	• ••••		Director Name	•••••	
reet Address			Street Address		
ity	State	ZIp	City	State	Zip
•		~-1	•	•	~-,
). SHARES AUTHORIZED	("X" BOX FOR ATTAC	CHMENT)	SHARES ISSUED (*)	K* BOX FOR ATTACHMEN	7)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	- Par Volue
•		•	, , , , , , , , , , , , , , , , , , , ,		-
1,000 NO PAR VALUI	<b>5</b>	•	•		
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1,000 110 1 7/1 17/201					

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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

Denise C. Hubbard

Print or Type Name of Officer

President

Title of Officer



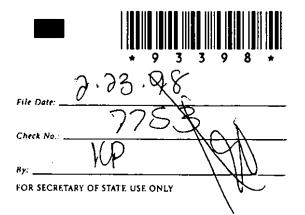
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion	•	•	
93398	Ocean State	Anesthesia Partners	, ProfessionalCorporation	1	
3. Street Address Principal Business (			City	State	Zip
43 Creston Way 4. Business Phone No. (401) 885-8153		5. State of Incorporation RHODE ISLANI	Warwick D	RI	02886 6. SIC Code 9886
7. Brief Description of the Character Medical services					
8. NAMES AND ADDRESS President Name		CERS ("X" BOX FOR ATTACI	Vice President Name	•	
Denise C. Hubbar	ď		Gary E. Nilsson		
43 Creston Way			Street Address 43 Creston Way		•
Warwick,	State RI	<sup>Zip</sup> 02386	City	State	Zip
Secretary Name Gary E. Nilsson	,		Warwick Treasurer Name Denise C. Hubbard	RT	02886
Street Address	•	•	Street Address		• • • • • •
43 Creston Way			43 Creston Way		
CHy Warwick	State RI	zıp 02886	<sub>City</sub> Warwick	State RI	<sup>Zip</sup> 02886
9. NAMES AND ADDRESS Director Name N/A	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) 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 AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	<u> </u>		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 स्मृंबर all statements contained herein are true and dorrect

Denise C. Hubbard Print or Type Name of Officer

Title of Officer

President