

FOR SECRETARY OF STATE USE ONLY

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

Corporations Division 100 North Main Street Providence, RI 02903-1335

	A. Brown, Secret	, -			401.222.		
PROFIT CORPORTION PROFIT CORPORTION PROFIT CORPORTION OF PROFIT CORPORTION PROFIT CO	- March L •	ANNUAL REPO	RT FOR THE YE.	AR20	005		
1. Corporate ID No. 12999	2. Name of Corporation SOUTH COUNTY PEDIATRIC GROUP, INC.						
3. Street Address Principal Busin 4979 Tower Hill			City	State	Zip		
4 Business Phone No.	TORU	5. State of Incorporate	Wakefield	RI	02879		
401-789-6492		RHODE ISLAN			6. SIC Code 9217		
7. Brief Description of the Character MEDICAL SERVICE	ter of Business Conduc S	cied in Rhode Island			— ·		
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS: ("X" ROX FOR AT	TACHMENT)	CD4 CEC DEFORE AND			
President Name		( A SON FOR M)	Vice President Name	SPACES BEFORE USI	NG ATTACHMENTS		
David J. Chronle	∋y, M.D.		David J. Chr	onley, M.D.			
4979 Tower Hill	Road		Street Address 4979 Tower H	ill Road			
Giny Wakefield	State RI	Zip	City	State	Zip		
Secretary Name		02879	Wakefield	RI	02879		
David J. Chronle	ey, M.D.		David J. Chr	onlev. M.D.			
Sirver Address	D 3		Street Address				
4979 Tower Hill	<del>,</del>	<del></del>	4979 Tower H	ill Road			
Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879		
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS: ("X" BOX FOR A	:	N SPACES BEFORE US			
Director Name No	one		Director Name				
Street Address	<u></u>		Street Address	<del></del>			
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Director Name	L		Director Name	l			
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	<i></i>	<u> </u>	300	common	none		
This report must be	signed in ink by	either the President Vice	Desider Control				
		999*	President, Secretary, Assista  Under penalty of per	jury. I declare and affirm t	hat I have examined this repo		
File Date	25-05 367		contained herein are	panying schedules and stated true and correct.	tements, and that all statement		
Check No	367		Signature of Officer		Date		
	3	_	DAVID	Chronle	1-21-05		
Ву:	Ui	_	Print or Type Name of	Officer 1			

Paes. dint

Title of Officer

100 North Main Street Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

401.222.3040

4	2. Name of Corp.	Oration		<del></del>	
12999	SOUTH CO	DUNTY PEDIATRIC GRO	UP INC		
Street Address Principal Bi	usiness Office		Gith	State .	
	ower Hill Road		Wakefield	RI	2ip 02879
1. Business Phone No.		5 State of Incorpora	tion		6. SIC Code
789-6492  7. Brief Description of the Character of Business Conducted in Rhode Island			ND		
MEDICAL SERVIC	aracter of Business Conduc SES	led in Rhode Island			9217
NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR A	VITACHMENT)   FILL IN SPA	ACES BEFORE USIN	NG ATTACHMENTS
David J	J. Chronley M.I	), 	David J. C	hronley, M.D.	•
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wakefie	State	Zip	City	State	Zip
wakeile Xretary Name	eld   RI	02879	Wakefield	RI	02879
•	/ Chw1-	<b>D</b>	Treasurer Name		· · · · · · · · · · · · · · · · · · ·
David J	Chronley, M.	υ	David J. C	hronley, M.D.	,
4979 To	wer Hill Road		Sireei Address 4979 Tower	Hill Road	
() <sup>1</sup>	State	Zip	City	State	<i>7.4</i> p
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			Street Address		
<i>y</i>	State	7/0			
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ector Name	T	J	· · · · · · · · · · · · · · · · · · ·		
			Director Name		
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			Street Address		
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DO COMM NO PAR VA		either the President. Vice	President, Secretary, Assistant Secretary, Under penalty of perjury, including any accompanyi	declare and affirm the	Receiver or Trustee
This report must		either the President, Vice	President, Secretary, Assistant Secretary, Under penalty of perjury,	declare and affirm the	Receiver or Trustee
This report must		either the President. Vice	Under penalty of perjury, including any accompanyi contained herein are true:	declare and affirm the	Receiver or Trustee
00 COMM NO PAR VA		either the President. Vice	President, Secretary, Assistant Secretary, Under penalty of perjury, including any accompanyi	declare and affirm the	Receiver or Trustee
This report must		either the President. Vice	Under penalty of perjury, including any accompanyi contained herein are true:	declare and affirm the	at I have examined this recoments, and that all statem
This report must		either the President, Vice	Under penalty of perjury, including any accompanyi contained herein are true:	declare and affirm the ng schedules and state and correct.	at I have examined this recoments, and that all statem
This report must	be signed in ink by of the sig	either the President, Vice	Under penalty of perjury.  Under penalty of perjury.  including any accompanyic  contained herein are true.  Synaure of Office.  C. L. S. N.	declare and affirm the ng schedules and state and correct.	at I have examined this recoments, and that all statem

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



(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				L. The Thirty
1. Corporate ID No.	2. Name of Corpore	Itlan			
12999	SOUTH CO	UNTY PEDIATRIC GROUP	P. INC.		
3. Street Address Principal Busine	is Office	11- Par 11.		State:	, zipa = 0 = 0
4979 1	ower H	all mond	wakefiel	d RI	04879.
4. Business Phone No.	1.103	5. State of Incorporation	• •	•	6. SIC Code
	-6492	RHODE ISLANI	0		9217
7. Brief Description of the Charact	er of Business Conducted (	n Rhode Island			<b>52.</b> 7
<b>,</b> .		Luices			
8. NAMES AND ADDRE	3363 OF THE OFFI	CERS ("X" BOX FOR ATTA		BEFORE USING ATTAC	CHMENTS
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Street Address	,	no on leg	Street Address	J, Cheo	n ley
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VARRA.	State R. I	Zip 0 2 8 8 2	CITY NARRA	State	C1850 412
Secretary Name		f -	Treasurer Name	00 1	
ک ، کل	· · Chr	3~161	701	Chronle	
Street Address	_	,	Street Address	/	
city S A	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	ECTORS ("X" BOX FOR ATT		ES BEFORE USING ATTA	ACHMENTS
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City	State	ZIp	City	State	70
		•		J. WIE	Zip
Director Name			Director Name		
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10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	1
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		Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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file Date:	1-17 03
Sheck No.:	2447
3y:	UP
OR SECRETAR	Y OF STATE USE ONLY

I (PRINCIPAL NAME TOWN TOWN THE TANK

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. 1

Dand	Ch Ronles		<u>1 - 7 - 03</u>
Signature of Officer	1/	Date	
DAVID	CHRON	CEY	
Print or Type Name of 060			

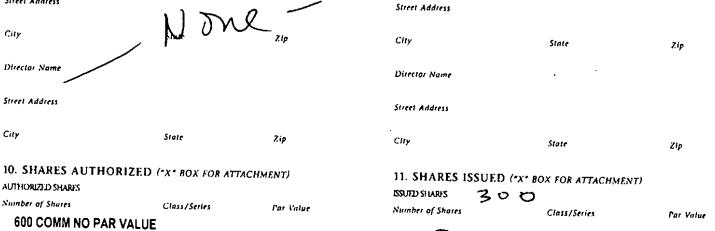
Title of Officer

Ferm 630 12/02

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

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(FORM MUST BE TYPED IN BL	ĄCK)		INSTRUCT
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12999	SOUTH COUNTY PEDIATRIC GROUP,	NC	
3. Street Address Principal Busines	s Office	City Co.	
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7. Bilet Description of the Change	897256 RHODE ISLAND		6. SIC Code <b>9217</b>
mode	er of Rusiness Conducted in Rhode Island		
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NARA	State RD 21p 028	City State	7.ip
Secretary Name		Treasurer Name	
DA V	9,	David J	Thronby
Miller Millines)	Some	Street Address	
City:	_	<u> </u>	one
,	State Zip	City State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECTORS (*X* BOX FOR ATTAC	WALLET THE THE OPEN CORD TO THE	
Director Name	THE STATE OF THE S	HMENT) FILL IN SPACES BEFORE 1 Director Name	USING ATTACHMENTS
treet Address	.150	Street Address	
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'his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Under penalty of perjury, I declare and affirm that I have examined

Form 630 12/01

ED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date: QQ	David Chimles 1-4-0
	314 13 120 28 DAVIG WROLLEY
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Pre 8, din f

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)				IXSTRUCT
1. Carporate ID No. 12999	2. Name of Corp SOUTH C	oration DUNTY PEDIATRI	C CDOUR THE		
3. Street Address Principal Busi	Iness Office	f contract			
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401-7	89729	RHODE IS		•	6. SIC Code <b>9217</b>
7. Brief Description of the Char	acter of Business Conducte	d in Rhode Island			
8. NAMES AND ADDE	RESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
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N WRA	4	z19028	82 cm Nharm	} State	67 88
Street Address	Chron	ley,	Treasurer Name	Cheon	lev.
City JI7 U	amfe of	re/md ?	Street Address Wa	strune.	and St
NARRI	r "AD	2/b D J B	82 "NARRA	State	2100288
9. NAMES AND ADDR Director Name	ESSES OF THE DIF	RECTORS (*X* BOX FO	R ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING A	TTACHMENTS
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 AUTHORIZ	ED (*x* box for at)	FACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	:nT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	COM				
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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 contained herein are true and correct. 1-5-01

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

riting Perioa: January 1-March 1	•	Filling Fee: \$50.00	
<b>1</b>			

(FORM	MUST BE	TYPED .	IN BLACK)
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1.	Corporate	ID	No	١,	
		1	2	9	99

2. Name of Corporation

SOUTH COUNTY PEDIATRIC GROUP, INC.

3. Street Address Principal Business	office	4	City	State	Zip
4. Business Phone No.	nex Hil	S. State of Incorporation	NARRA	$I, \mathfrak{I}$	02879
401-789-	-6492	RHODE ISLAND			6. SIC Code 9217
Medical	is I Sexui	node Island			
8. NAMES AND ADDRES		_			
President Name	OLS OF THE OFFICE	I	Vice President Name	EFORE USING ATTAC	HMENTS
Street Address	Mc Dermo	++	David	J. Cheo	n (en
Clift.	Dricie		Street Address	anske (And	<i>f</i>
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). NAMES AND ADDRES. Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
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lreet Address			Street Address	- Q	
City	State	Zip	City	State	Zip
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ity	State	Zip	City	State	Zip
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umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR CO	ON		, -	Q	
			/ ^	<b>.</b>	11.

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

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	1/12/00
The Date:	2685
Sheck No.:	7
y:	E 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 take and correct

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Dund	\Chu	nles	1-1-	00
Signature of Officer		Pate		-
SAVIE T	C W	on les		
Print or Type Name of Offic	er			

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

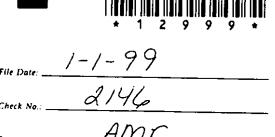
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-222-3040

2. Name of Corporation SOUTH COUNTY PEDIATRIC GROUP, INC. 12999 3. Street Address Principal Business Office watefield 4979 1. Business Phone No. 9217 seruices 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City State Director Name Director Name Street Address Street Address State 10. SHARES AUTHORIZED ("X" HOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZE) SHARES ESSUED SHARES Number of Shores Class/Series Par Value Number of Shares Class/Series 600 SHS NO PAR COM

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



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.

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ignature of Officer	100	le .

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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rl 02903-1335

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

SOUTH COUNTY PEDIATRIC GROUP, INC.

STOP PLEASE READ INSTRUCTIONS	
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(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

12999

4979 To	wer 1	till Rong	1 cm Walcefield	1 State	21,0 D.2879
4. Business Phone No.	•	5. State of Incorporation	, 001/142-(1811	9 11 -	6. SIC Code
401-789.	-7 <b>3</b> 96	RHODE ISLAND	)		9217
7. Brief Description of the Character o		n Rhode Island			9217
medie		vices			
8. NAMES AND ADDRESS! President Name	es of the offi	CERS ("X" BOX FOR ATTACE	łment)		
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Street Address	Denno	1 )	David	J. Chron	le /
55 Clif	4 DR	_	Street Address	1	11 -1
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	State	02882	NARRA	tmo relan	7219
Secretary Name	- 11 00		Treasurer Name A	•	043 37
Street Address	Chri	nley	David J	Che on ber	1
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City	State -	Zio -	city I'll West	more mod	<sup>'</sup> 5 <del>1</del>
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9. NAMES AND ADDRESSE	S OF THE DIRE	CTORS ("X" BOX FOR ATTAI	CHMENT)		UAROA
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Director Name	,	Dago	Director Name	17.1	09819
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10. SHARES AUTHORIZED ( AUTHORIZED SHARES	CAT BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	One Value	ISSUED SHARES		
,	Cimia/actira	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM			300 -	·	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 2 9 9 9 <b>*</b>
File Date:	1.1.97
Check No.:	1589
Ву:	-1M
FOR SECRETA	RY 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 R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 12999 South County Pediatric Group, Inc. 3. Street Address Principal Business Office State Zip 4979 Tower Hill Road Wakefield RI 02879 4. Business Phone No. S. State of Incorporation 6. SIC Code (401) 789-6492 Rhode Island 9217 7. Brief Description of the Character of Business Conducted in Rhode Island Medical Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name William H. McDermott David J. Chronley Street Address Street Address 25 Cliff Drive 117 Westmoreland Street State Zip State Z.ip Narragansett RI 02882 Narragansett RI 02882 Secretary Name Treasurer Name D J Chronley D J Chronley Street Address Street Address 117 Westmoreland 117 Westmoreland State ZIp Zip Narragansett RI 02882 Narragansett RΙ 02882 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Nami Street Address Street Address City State City State ZIp Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 SHS NO PAR COM 300 Nóne

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

File Date:	1/5/97	
Check No.:	1060	<u> </u>
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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.

Dan &	Chullyn	0 1-14-57
Signature of Officer	Date	<del></del>

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Triber OF TYPE	Numr	Of CHICET

Vice President

Title of Officer

### **ANNUAL REPORT**

## 1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Date

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR P	RINT IN BLACK INK.		
12999	· SOUTH-C	COUNTY-PEDIATRI	C GROUP; INC		
3. STREET ADDRESS PRINTIPAL BUSINESS OFF	× .1 11	0	ary	TSTATE	120 COOK
4979 10 W	Jen Hill	5. STATE OF INCORPORATION	waterfich.	1 RI	0 2 8 7 9
7. BROLL DESCRIPTION OF THE GRANACIER OF B		RHODE IS	LAND		971
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DIRECTOR NAME	9. H A M I	S AND ADDRE	S S E S O F T H E O I R	ECTORS	
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DIRECTOR HAME			DIRECTOR NAME		
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	This re	port must be SIGNE	D IN INK by either the	**************************************	<u> </u>
Preside	ent, Vice President,	Secretary, Assistan	t Secretary, Treasurer, Re	eceiver or Trustee	
			Under penalty of pe	rjury, I declare and af	firm that I have examined this
12101			all statements contain	ined herein are true ar	lules and matements, and that do correct.
File Date: 1794	0		Signature of Officer	ry Che	mlly
Check No: 578				Olher	r,/"
In. Z	(D)	<u> </u>	Print or Type Name of	of Officer	ty
By: For Secretary of State	Use Only		Tillo at Office	PRES	1-2-95 40

Title of Officer

DETACH ROTTOM REPORE DETURNING

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

#### ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

# ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		Annual Report for	the year:1995	
Name of Corporation: SOUTH COUNT	Y PEDIATRI	GROUP, INC		
Business entity organized under the laws of the State of:	_R., <u>T</u> _	Business Entity	is (check one):	<del></del>
For foreign entity, address and telephone number of principal		[ ] Business C	orporation (See RIGL Chapter 7-1-1	)
	· · · · ·	Professiona	Il Service Corporation (See RIGL CI	napter 7-5.1)
		Briof statumons	film to the second	
Phone: (401)			of the character of business conducted	
Address and telephone of the principal office of business entit Island (Provide street address - Not P.O. Box):	y in Rhode	mod	ical Doctors	)
4979 Tower H	11 R-0 Ad	{ - <del></del>		
WAKEFIELD R	57	<u> </u>	·	
	62879			
Phone: (401) 289 7296	· — ·			
THI	E NAMES OF TH	IE OFFICERS ARI		
William M. Dom H	STREET ADDE	RESS	CITY/STATE	ZIP COD
VICE PRESIDENT	cli		NARRARD	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DAVID Chamber	STREET ADDE	Inez4	CITY/STATE	ZIP CODI
SHURETARY	STREET ADDR	<u> </u>	_ NARRA (V)	<u>     02882                             </u>
TREASURER Chronley			CHITAIRIE	ZIP CODE
We ma Degar off	STREET ADDR	ESS	CHYSTATE	ZIP CODE
THE	NAMES OF THE	DIRECTORS AR		
NAME TILL,	STREET ADDR	FSS FSS	CITY/STATE	ZIP CODE
NAME		· 		
	STREET ADDR	ESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRI	ESS	CITY/STATE	·
				ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES	ISSUED AND OUTSTANDING (Rider	
Vomber-of-Shares Class / Series				may be attached)
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<u> </u>				
Date17_Dec19_94	Ву:	Saus	Chech lens	1
	both? On The	DAVID	J Chronie	<u></u>
orm 31 1/95	TULE OF OFFICE	NAME OF OFFICER SIGNING ER SIGNING	HPRES	
DESIGNATED REG	ISTERED AGEN	T FOR SERVICE	OF DROVERS	
LEASE NOTE: If the registered office and/or registered ager	I indicated below is	- AVINGERVICE	OF PROCESS:	

WILLIAM H. MCDERMOTT 4979 TOWER HILL RD. WAKEFIELD RI 02879

FILED

By 1 ( C) #5-6.89

# Filing Fee \$50.09 Payable we Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP. Jan. 1 March 1

## State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0012999	Annual Report for the year	1994
Name of Business Entit		SOUTH COUNTY PEDI	ATRIC GROUP, INC
	- <del></del>	Business Entity is (check one)	
Business entity organized u	inder the laws of the State ofR	Business Corporation (S	See RIGL Chapter 7-1-1)
Federal Taxpayer Identifica	ation Number		reporation (See RIGL Chapter 7-5.1)
For foreign entity, adoress	and telephone number of principal office	[ ] Limited Liability Comp	•
		Name, title and mailing address of c communications may be directed.	
	<u></u>	1) , 7, , ~	he on ley VPRC
_		4979 To.	ver Hill Pol
Phone. (401) 7 &	276492	Wir ke +,	Id RI
Address and telephone of the Island (Provide street address	he principal office of business entity in Rhode	i ————————————————————————————————————	
	Tower Hill Rd	Brief statement of the character of the Medical	nusiness conducted in Rhode Island.
Wn ke	<del></del>		
·· <del>-</del> · <del>-</del>	<u> </u>	Date of Organization:	pt 71 1211/11
Phone (401) > 8	<u> </u>	Date of Qualification to do business	in Rhode Island (if foreign entity):
		· · · · · · · · · · · · · · · · · · ·	: ··
☐ CRIEF EXECUTIVE OFFICERS	THE NAMES O	F THE OFFICERS ARE:	2 PCOD5
CARD FARCUSTIC CONTROL	in Mc Demott.	Cliff DR VAR	
CHIEF OPERATING CHECKER	OR GEVICERUSIDENT ONEA OFFI	TARREST CITATA	, ar com
☐ CUSTODIAN OF RECORDS OF	DIT Chronley	124 Inerst	TALECOSE COSE
- TORRE FINANCIAL OFFICER C	OR THEASURER CHARLET	ET ADDRESS CITY STATE	£ 7.5(Y)DF
	THE NAMES OF	THE DIRECTORS ARE:	E ZIP CODE
Wm Mc	1	LT ACDRESS CITY/STATI	· ·
NAME	State Control of the	ET ADDRESS C.TY'STAT	J. ZIPCODE
SAME CV	ron ley	T ADDRESS CITY/STAT	E : 2;P ('00)"
NUMBER OF SHARES	AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AN	D OUTSTANDING (If Applicable)
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Date 21	Tim 19_94. By	Dourd Cha	nlegned
	PRIS	ON THE NAME OF GENERAL SCAING	hronley mi
	· <u>ma</u>	FOF OFFICER SIGNING	<del></del> -
Form 31 1.54			
	DESIGNATED REGISTERED OR RE	SIDENT AGENT FOR SERVICE OF I	PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 most be filled.

43099

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID00	12999	Annual Report for the year 1993	
FIRST: The name of	f the corporation is	SOUTH COUNTY PEDIATRIC GROUP, INC	
SECOND: It is incorp	porated under the laws of	Rhode Island	
THIRD: Character o	, , ,		
FOURTH: If foreign	corporation, address of its pr	rincipal office	
Fifth: Business add	ress in Rhode Island 40	129 Tower Hill Rd Value field RD 02779	
SIXTH: Names and a	addresses of its directors and	,	
	Director		
•••••	Director		
	Director		
um McDan	President	25 Anowan DR NARRA RI	
DJ Chronle	Vice Preside	nt 124 Inez S+ WARRA	
DJ Chroni	e Secretary	1 \	
Dochron	11	١,	
SEVENTH: Number o	( Shares authorized:	Par Value	
No. of Shares	Class	or statement that  Series or statement are without	
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		FFD 0 3 1993	
EIGHTH: Number of	Shares issued:	Par Value or statement that	
No. of Shares	Class	Series shares are without par value	
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ated a 7 Jun	1993 By	South to Podeatives  Jarrel & Chimlers	
(Report must be sig	ned by an officer) Ti	tle V 12 12 15	

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations $704^{3}$

CORPORATIONS DIVISION

PROV	IDENCE, RHODE ISLAND 02903	
Corporate ID 0012999	Annual Report for the year	
FIRST: The name of the corporation is	SOUTH COUNTY PEDI	ATRIC GROUP, INC.
SECOND: It is incorporated under the la	ated, is Medical Serv	ıèes
THIRD: Character of business, briefly st	atcu, is	
FOURTH: If foreign corporation, address	ss of its principal office	
FIFTH: Business address in Rhode Islan	nd 4975 Tower Hill WAKOFIE [d R.]	1 Rd t 02883
SIXTH: Names and addresses of its dire	Office Address (including number	
Un me semott D	irector Cliff DR. WAR	ZARICZBE-
DJ Chronley D	irector 124 Ine 2 54 1	JURRA RT 0762
	irector	
P1	resident	
v	ice President	
S	ecretary	
T	reasurer	
SEVENTH: Number of Shares authoriz	red: 600	Par Value or statement that shares are without
No. of Shares Class	P Ar⊭D	par value
	FEB U 3 No.2	
Eighth: Number of Shares issued:	20 G SECTY OF STATE	Par Value or statement that
No. of Shares Class	Series	shares are without par value

Dated 21 Jun 1992

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 001	2999	Annual Report for t	he year 1331
FIRST: The name of the	corporation is	SOUTH COUNTY E	EDIATRIC GROUP, INC.
SECOND: It is incorpora THIRD: Character of bu	ted under the laws of	Khode Is	Ind ervices
FOURTH: If foreign corp	poration, address of its pri	ncipal office	
FIFTH: Business address	in Rhode Island 49.	rs Tower Hi he field R.	el ed ) 02879
SIXTH: Names and addr	esses of its directors and o		(Attach rider if necessary)
	Director		
	Director		
	. <b>f</b>		
Um McDern o		•	NARRARTOS
D.J. Chron	•	1 124 Inez	S+ WHERA RS
V	SecretaryTreasurer		
SEVENTH: Number of Sh	ares authorized:		Par Value
No. of Shares	Class	PALD-	or statement that shares are without par value
		· · · · · · · · · · · 1991	·
EIGHTH: Number of Sha	res issued:  Class	Sories	Par Value or statement that shares are without par value
Dated 6 JAn	19 9 L (Na	South 6 Pe	di Group Tre
(Report must be signed l	By by an officer) Tit	Lauret 1 Cl	writez MV

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0012989	Annual Report for the year 1990
FIRST: The name of the corporation is	SOUTH COUNTY FEDIATRIC GROUP, INC.
SECOND: It is incorporated under the law	vs of Rhode Island
	led, is Medical Services
FOURTH: If foreign corporation, address	of its principal office
FIFTH: Business address in Rhode Island	4979 Tower Hill Road
	Watefield RI 02P79
SIXTH: Names and addresses of its director	1
Direct	tor
Direction Direction	tor
Direc	********************************
Wm mcDemott President	lent 10 Cliff DR NARRA 02862
D. J Chronley Vice I	President 124 Thezst NARRA 82882
11 / Secret	
Treasi	
Seventh: Number of Shares authorized:	
No. of Shares Class	Par Value or statement that shares are without
300	Series par value par value
	PAID /
EIGHTH: Number of Shares issued:	FEB 0 7 1990 Par Value
No. of Shares Class	SEC'Y OF STATE  or statement that shares are without par value
Dated 5 Feb 19 90	South County Pedistric group (Name of Corporation)  By Downd Churley
(Report must be signed by an officer)	Title U, Place

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0012999	Annual Report for the year
FIRST: The name of the corporation is	SOUTH COUNTY PEDIATRIC GROUP, INC.
Second: It is incorporated under the laws of	Rhode Islands
THIRD: Character of business, briefly stated, is	
FOURTH: If foreign corporation, address of its pri	ncipal office
	- Ket, Eld, AD. 02879
SIXTH: Names and addresses of its directors and o	Officers: (Attach rider if necessary)  Address (including number, street, zin code)
Wn HmcDernott Director 10	Clift Road NARRA 02852
	1 Frez St NARRA ORAD
Director	
um Mc Sere nott President	
DJ Chronley Vice Presiden	t
DT Chronley Secretary	
Wn Mc Dermott Treasurer	
- SEVENTH: Number of Shares authorized:	
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	South County Pediatri Group In me of Corporation)
(Report must be signed by an officer)  Title	2 V Pales

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19999	Annual Report for the year	
FIRST: The name of the corporation is	SOUTH CODINTY PEDIATRIC GROUP, INC	<b></b>
SECOND: It is incorporated under the laws of	of Rhade 1sland	******
	is medical Services	
FOURTH: If foreign corporation, address of its	ts principal office	••••••
	4979 Tower Hill Road	•••••
	unletis [d 02879	••••••
SIXTH: Names and addresses of its directors a	(Attach ficer if fices	sary)
um Mc Dernott mD Director	Anough Clift WARRA US	د۶۶
J. J. Chronley MO Director		• • • • • • •
Director		*****
Wm McDermott mb President		•••••
D. J. Chaon ley Vice Pres	sident	•••••
DJ Chronley Secretary Wm McDumntt Treasurer	r	•••••
SEVENTH: Number of Shares authorized:	Par Value or statement that	••••
No. of Shares Class	Series Shares are without par value	
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Еіднтн: Number of Shares issued:	Par Value	
No. of Shares Class		
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Dated 31 Jan 1988	South Co Pedi GROUPI (Name of Corporation)	nc 
(Report must be signed by an officer)	Title U PRES	···-•
orm 31 1/85	THE	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

	e of the corporation is So	•	Report for the ye	ar 1988
	e of the corporation is		e courtie	J. comp Ine
SECOND: It is in	corporated under the laws of	Rhode	Island	(
THIRD: Characte	er of business, briefly stated, is	s seuvie	e - me	dical
FOURTH: If forei	gn corporation, address of its	principal office		
FIFTH: Business a		1979 Tou Wake ti		Rosel I 02879
SIXTH: Names ar	nd addresses of its directors ar	nd officers:	ddress (including number,	(Attach rider if necessary)
un me De	umo H Director	Chit	A D N	street, zip code)
DJ Chao	nley Director	124 Ine	25+	NARRA
wm mc]	Director President	••••••••••••••••••••••••		
DJ Chro	on leaf Vice Presid	dent		
1.1	Secretary		* ***	MQ a
1.	Treasurer		AUG 1 5 1988	
SEVENTH: Number	er of Shares authorized: 6	o O	C'Y OF STAT	Par Value
No. of Shares	Class			or statement that shares are without
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No. of Shares	C!ass	Series		or statement that shares are without par value
Dated Aug 1	2 <sub>19</sub> 88	South (Name of Corporation)  By Jawel	Co. Ded	li group In. leyms
(Report must be		Title V, P	es.	regins)

#### CORPORATE MEETING

## SOUTH COUNTY PEDIATRIC GROUP

JULY 20, 1988

Those in attendance were Dr. McDermott, Dr. Chronley and Ms. Blaney.

Salary increases effective August 1, were discussed and were agreed upon for August 1. Officers elected: Dr. McDermott, President. Dr. Chronley, Vice President, Secretary and Treasurer.

The meeting was then adjourned.

David J. Chronley, M.D.

William H. McDermott, M.D.

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

First: The name of the	e corporation is SOUTH		GROUP, INC.
	rated under the laws of		<b>▲</b>
THIRD: Character of b	usiness, briefly stated, is	Service	- medical
FOURTH: If foreign con	poration, address of its prir	ncipal office	
FIFTH: Business addres			1 Road
SIXTH: Names and add			(d, RI.
Name	resses of its directors and o		(Attach rider if necess neluding number, street, zip code)
WI+ m. De	Director	•••••	
avid & Chio	Lley Director	124 Ine	er St NARRA
	Director	••••••	
William H Micri	President	Cliff Dr	2 NARRA.
of Chiney	Vice President		
S Chronler	Secretary		
WIT made	mul Treasurer		
SEVENTH: Number of S	hares authorized:		Par Value
No. of Shares	- Class	Series	or statement that shares are without par value
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	Class SEC'Y OF STA	ATE	shares are without

# CORPORATE MEETING SOUTH COUNTY PEDIATRIC GROUP DECEMBER 31,1986



Election of officers took place. Dr. William H. McDermott was elected president, and treasurer. Dr. David J. Chronley was elected vice-president and secretary. They together hold half the shares of the corporation.

It was decided and approved that the rent would increase to the Carter Hill Realty Corporation to \$2,000.00 per month.

Fees for the following 1987 year, were approved.

The meeting was adjourned.

David J. Chropley, M.D

William H. McDermott, 对.D.

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID12999	• • • • • • • • • • • • • • • • • • • •	Annual Report for	the year 1986	
First: The name of the corporation	is SOUTH CO.			
SECOND: It is incorporated under the	laws of	Rhode Island		
THIRD: Character of business, briefly	stated, is m	edical	Services	
FOURTH: If foreign corporation, addr	ess of its principal	office		
FIFTH: Business address in Rhode Isla	and 4979	Tower Hi	URO WAKE	OZ879
SIXTH: Names and addresses of its dis	rectors and officer		(Attach rider if i	necessary)
wn 14 mcDermott D	Director C	lift Dr.	WARRA, RI	J 0218
pavid I Chronley D	Director I	nez St	NARRA R	± 02P8
	Pirector		***************************************	,
mcDe Anott Pi		-Abi	· · ·	••••••
CHRONLE, V			·····	•••••
CHRONIEN SO	-Cretary	1		*************
M. Dornatt	reasurer	V		••••••
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(Report must be signed by an officer)	Title	111-	Prest &	- 1 et al

Filing Fee \$15.0

To be filed annually between January 1st and March 1st Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE. RHODE ISLAND 02903

Corporate ID12999	Annual Report for the year 1985		the year 1985
First: The name	he name of the corporation isSOUTH COUNTY PEDIATRIC GROUP, IN		
SECOND: It is inco	orporated under the laws of		
THIRD: Character	of business, briefly stated, is		
FOURTH: If foreig		•	
FIFTH: Business ac	ddress in Rhode Island	Tower Hill Road, Wake	field, R,I, 02879
SIXTH: Names and	d addresses of its directors and		(Attach rider if necessary)
	Director	·····	
	Director		······
	Director	***************************************	1
	ermantM.D President	Tower Hill Road, W	akefield, R.T. 02879
David J. Chron	lew. M.D. Vice Presid	ent Tower Hill Road, W	akefield, R.I. 02879
David J. Chron	ley, M.D. Secretary	Tower Hill Road, W	akefield, R.I. 02879
	ermott, M.D. Treasurer	Tower Hill Road, W	akefield, R.I. 02879
Seventh: Numbe	er of Shares authorized:		Par Value
No. of Shares	Class	Senes	or statement that shares are without par value
600	<del></del> -		<b>,</b>
Еіднтн: Number	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	per value
9 Bré	Ca	South County Pediat (Name of Corporation)  By Jan () - Page ()	himley MD
(Report must be	e signed by an officer)	Title - 7.0-3	seeiner y

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations - Office of the secretary of state

	Ar	nual Report fo	r the year	1984	
FIRST: The name of the	e corporation is	SOUTH COUNTY	PEDIATRIC	GROUP,	INC.
SECOND: It is incorpora THIRD: Character of bu	ated under the l	aws of	DE ISLAND		
MEDICAL	•	,			
FOURTH: If foreign co	rporation, addre	ess of its princ	ipal office		
And the second s					
FIFTH: Business address	ss in Rhode Isla	nd (blank rep	orts will b	e mailed	to this
address) Tower Hill Road,	Wakefield, R.	I <sub>1.1.</sub>			
SIXTH: Names and add	resses of its dir	ectors and of	ficers:		
(Addresses must	include street and	number, if any)		Ė	
Name	Office		Address	i	
	Director				
	Director			:	
	Director				
William H McDermott M.D.	President	Tower Hill	. Road, wa	kefield,	R. L
David Chronley M.D.	Vice President				
David Chronley M.D.	Secretary	Tower Hill	Road, Wal	kefield,	R. I.
(If additional space is needed, att	Treasurer				******
SEVENTH: Number of	Shares authoriz	ed:	· or	Par Value	bat
No. of Shares	Class	Series		ares are with par value	
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Eighth: Number of Si	hares issued:			Par Value statement t	
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Dated: February  Shill FEB 16 1984	2 1 6 G 7 7 8 8 H 2 Tit	SOUTH COUN (Name of Corre Davi)		nic group	, inc.
+50		(Report must	be signed b	y an officer)	

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

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Filing fee: \$15.00

To be filed annually between January 1st and March 1st

# State of Uhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			Annı	ial Report	for the year	1983	
FIRST:	The name of th	e corporatio	n is	SOUTH CO	UNTY PEDIATRIC	GROUP,	INC.
SECOND:	It is incorpor	ated under t	the law	s of	RHODE ISLAND		
THIRD:	Character of bu	siness, brief.	ly state	ed. is			
			il Doct				
Fourth	: If foreign co		-		nainul office	•	,
- 0000111	· 11 lottigh to	a poracion, a	idai ess	or its pri	ncipal office	!	
FIFTH:		ss in Rhode 1 Road, Wake			reports will be a	nailed t	o this
Sixth:	Names and add	lresses of its	s direc	tors and	officers:		
	(Addresses must	include street	and nu	mber, if any	"	:	
i	Name	Office		·	Address	· !	
		Director				•	
٠		Director				,	
		Director					
William 1	H McDermott M.D	President		Tower H	ill Rd.,Wakefi	eld, R.	1.
		Vice Pres	ident			<u>.</u>	
		Secretary					
Harold A I	Falconer, M.D. space is needed, at	Treasurer tach rider)		Tower	Hill Rd.,Wakef	ield,R.	
Seventh	: Number of	Shares auth	orized			l ar Value	
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No. of Sha	ires	Class		Series	shares	are withour value	
ted: Febi	ruary	1983	~ 20 83 23 <b>6</b>	Name of Co			- :
FEI	3 2E 1983 BB		Title	· P.	IN A WALL WALLENT Ist be signed by a		er

Form #9 must be filed. Please contact Corporation Division for information, 277-3040

To be filed annually between January 1st and Maron 1st

## State of Mode Island and Freedence Flantaflans Office of the secretary of state

			Annual Re	port for the y	'ear 1982
First:	The name	of the corporation	is south	COUNTY PEDI	ATRIC GROUP, INC.
Second:	It is inc	orporated under the	e laws of	Rhode Isl	and
THIRD:		r of business, briefly edical Doctors	y stated, is .		
Fourth	: If fore	gn corporation, add	dress of its	principal offi	ice
Pipth:	Business	address in Rhode	Island (bla	nk reports w	ill be mailed to this
ddress)	Tower Hill	Road, Wakefield,	R.I.		
Sixth:	Names a	nd addresses of its	directors a	nd officers:	
	(Addres	sses must include street a	and number, if a	iny)	
	Name	Office	<u> </u>	Add	ress
		Director	**1***	******************************	
		Director	**************		
		Director			······································
William H )	McDermott	M.D. President	Towe	r_Hill_Rdw	akefield,R.I
		Vice Presid			
		Secretary		r Hill Rd., wa	skefield,R.I.
Harold A F	alconer, M	.D. Treasurer			Wakefield,R.I.
SEVENTE	ı: Numb	er of Shares author	rized:		Par Value
No. of Sha	arcs	Class	Se	ries	or statement that shares are without par value
600		Common			Without Par
<u></u>		400			2 - Nan Value
EIGHTH		r of Shares issued:		·	or statement that shares are without
No. 01 Sh.	ares SUARY	Class 19 82			JAN 18 1982
Jeied:		19	(Name of C		TIPE
			By Will	leam A	sustement M.
			Title	Preso	Ent
					<del></del> ,

(Report must be signed by an officer)

Filing fee: \$15 00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

	OF		
SOUTH COUNTY	PEDIATRIC GROU	P, INC.	
Pursuant to the provisio amended, the undersigned cor First: The name of the contract of the c	poration hereby	1.1-118 of the Ger submits the follo	neral Laws, 1956, as wing annual report:
		·	emer on the end of the
SECOND: It is incorpora	ted under the la	aws of Rhode	[sland
THIRD: The address of its		e in Rhode Island is	
and the name of its registered a wm. McDermott.	gent in Rhode Is	land at such addres	
FOURTH: If a foreign co country under the laws of which	rporation, the ad it is incorporated	ldress of its principa	
FIFTH: The character of			ly engaged in Phodo
			iy engaged in ithode
Civrii. The names and a			
SIXTH: The names and re	espective andress Office	ses of its directors a	nd officers are:
	Director		
	Director	4 · 4 · 4 · 4	
	Director	***	
	Director		
	Director		
•	Director		
William H. McDermott M.I	. President	Tower Hill Rd.,	Wakefield,R.I.
	Vice President		
Roger W Ashley, M.D.	Secretary	Tower Hill Rd.	,Wakefield,R.I.
Harold A Falconer, M.D.	Treasurer	Tower Hill Rd.	,Wakefield,R.I.
SEVENTH: The aggregate by classes, par value of shares, sl	number of shares nares without par	s which it has author rvalue,andseries,if	rity to issue, itemized any,withinaclass,is:
Number of Shares	Class	1 Series	Par Value per Share or Statement that Shares are without Par Value
600 Com	mon	81	Without Par
		<u></u> и •	
		80 •	
		] + A	: Man ∢ o :
		- 60	JAN 13
		• •	PB

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series

January Dated

, 19 81 SOUTH COUNTY PEDIATRIC GROUP, INC.

(NAME OF CORPORATION)

By. William & Tailenness

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

## ANNUAL REPORT

OF

South Co	unty Pediatric (	Troup Inc	
Pursuant to the provis amended, the undersigned of	sions of Section corporation herel	7.1.1-118 of the by submits the fo	General Laws, 1956, as ollowing annual report:
SECOND: It is incorpo	rated under the	laws of Rhode	
			•
	its registered off Road Wakefield	ice in Rhode Island	
and the name of its registered			
and the name of the registered	agent in ithode	island at such add	11'ess 18
FOURTH: If a foreign country under the laws of whi			cipal office in the state or
FIFTH: The character	of the business		tually engaged in Rhode
Island, briefly stated, is	Medical D		
	•		
SIXTH: The names and	l respective addre	esses of its director	rs and officers are:
	Director		
	Director		!
	Director		
	Director		!
	Director		
	Director		
William H McDermott	President		l Road, Wakefield, R I
	Vice Preside		
Roger W Ashley M.D.	Secretary	Same	:
Harold A Falconer M.D.	Treasurer	Same	
SEVENTH: The aggrega by classes, par value of shares	te number of shar , shares without p	res which it has au parvalue,andserie	thority to issue, itemized s,ifany,withinaclass,is:
Number of		2	or Statement that Shares are without
Shares 600	Class	Series	Par Value
800	Common	80	Without Par
Form 31 304 :1-78		8928A14····15.0	EB 6 1000

 $\textbf{Eighth:} \quad \textbf{The aggregate number of its issued shares, itemized by classes, par value} \\$ of shares, shares without par value, and series, if any, within a class, is:

Number of Shares\_

Class

Series

Par Value per Share or Statement that Shares are without Par Value

Dated

January

, 19 80

South County Pediactir Group, Inc.

(NOITAHOGROD TO SYAN)

By William & Mudismoormo



Form 31

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	01	
SOUTH COUN	TY PEDIATRIC GROU	л, inc.
amended, the undersigned corp	oration hereby sul	1-118 of the General Laws, 1956, as bmits the following annual report: UTH COUNTY PEDIATRIC GROUP, INC.
SECOND: It is incorporat		of Rhode Island
THIRD: The address of it	s registered office i Road, Wakefield,	in Rhode Island is Rhode Island
		nd at such address is
country under the laws of which  FIFTH: The character of Island, briefly stated, is  Medic	f the business in	ress of its principal office in the state of
SIXTH: The names and resp	oective addresses of	f its directors and officers are:
	Director	<u> </u>
	Director	
	Director	
	Director	· · · · · · · · · · · · · · · · · · ·
	Director	
	Director	
William H. McDermottmM.D.	President	Tower Hill Road, Wakefield, R.I.
	Vice President	
Roger W. Ashley, M.D.	Secretary	Tower Hill Road, Wakefield, R.I.
Harold A. Falconer, M.D.	Treasurer	Tower Hill Road, Wakefield, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	9 Serice	Par Value per Share or Statement that Shares are without Par Value
600	Common	79	Without Par
		-7 •	
		00 • No. •	
		67:	1
		<b>-</b> 0	
			SEP 19 1979
		• •	3EI 1015/3
		• •	$\mathcal{M}_{\boldsymbol{\nu}}$
		15.	$\mathcal{N}$
ISM 11-77		00	· 9

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Series

Par Value per Share or Statement that Shares are without Par Value

Dated February , 19 79

SOUTH COUNTY PEDIATRIC GROUP, INC.

X By William H Midlermood

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Mhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

Pursuant to the provisions of Section 7.1.1-118 amended, the undersigned corporation hereby submits to First: The name of the corporation is SOUTH OF SECOND: It is incorporated under the laws of THIRD: The address of its registered office in Rhomodomer Hill Road, Wakefield, Rhode and the name of its registered agent in Rhode Island at strength: If a foreign corporation, the address of	of the General Laws, 1956, as the following annual report: COUNTY PEDIATRIC GROUP, INC.  RHODE ISLAND  ode Island is the Island  such address is  f its principal office in the state of
amended, the undersigned corporation hereby submits to FIRST: The name of the corporation is SOUTH OF SECOND: It is incorporated under the laws of THIRD: The address of its registered office in Rhomographic Tower Hill Road, Wakefield, Rhode and the name of its registered agent in Rhode Island at state of the source of the	the following annual report:  COUNTY PEDIATRIC GROUP, INC.  RHODE ISLAND  Ode Island is  le Island  Such address is  f its principal office in the state of
SECOND: It is incorporated under the laws of THIRD: The address of its registered office in Rho Tower Hill Road, Wakefield, Rhode and the name of its registered agent in Rhode Island at st	RHODE ISLAND  ode Island is le Island  such address is  f its principal office in the state of
THIRD: The address of its registered office in Rhocorrection Tower Hill Road, Wakefield, Rhodo and the name of its registered agent in Rhode Island at statements.	ode Island is le Island such address is f its principal office in the state of
Tower Hill Road, Wakefield, Rhode and the name of its registered agent in Rhode Island at st	e Island such address is f its principal office in the state or
	f its principal office in the state of
	f its principal office in the state of
country under the laws of which it is incorporated is	
FIFTH: The character of the business in which Island, briefly stated, is	it is actually engaged in Rhode
Medical Doctors	
,	
SIXTH: The names and respective addresses of its din	rectors and officers are:
Director	
Director	
Director	·
Director	
Director	
Director	
William H McDermott M.D. President Tower	r Hill Road, Wakefield, R.I.
Vice President	·
Roger W. Ashley, M.D. Secretary Tower	r Hill Road, Wakefield, R.I.
Harold A. Falconer M.D. Treasurer Tower	er Hill Road, Wakefield, R.I
SEVENTH: The aggregate number of shares which by classes, par value of shares, shares without par value, a	and series, if any, within a class, is  Par Valuo per Share
Number of Shares Class Ser	or Statement that Shares are without ries Par Value
600 Common	Without Par
Form 31 35M 11-77	FEB 16 1978

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

Dated January

, 19. 78

SOUTH COUNTY PEDIATRIC GROUP, INC.

(NAME OF CORPORATION

Ву 🚶

Wuliam H McDesmedth

:

. .

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

SOUTH COUNTY PEDIATRIC GROUP, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is SOUTH COUNTY PEDIATRIC GROUP, INC.

RHODE ISLAND SECOND: It is incorporated under the laws of THIRD: The address of its registered office in Rhode Island is Tower Hill Road, Wakefield, R.I. and the name of its registered agent in Rhode Island at such address is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Medical Doctors

Sixth: The names and respective addresses of its directors and officers are: Office

> Director Director Director Director

Director Director

William H. McDermott M.D.

President

Tower Hill Road, Wakefield, R.1.

Vice President

Roger W. Ashley, M.D. Harold A. Falconer, M.D.

Secretary

Tower Hill Road, Wakefield, R.I.

Treasurer

Tower Hill Road, Wakefield, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value		
			!		
600	Common		Without Par		

Par Value per Share

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Series

Par Value per Share or Statement that Shares are without Par Value

Dated January

, 19 77

SOUTH COUNTY PEDIATRIC GROUP, INC.

(NAME OF CORPORATION)

By X William X McDeanson

Filing fee: \$15.00

0

To be filed annually between January 1st and March 1st

## State of Chode Island and Providence Plantations Office of the secretary of state

#### ANNUAL REPORT

OF

SOUTH (	COUNTY PEDIATRIC	GROUP, INC.	
Pursuant to the provisi amended, the undersigned co FIRST: The name of th	rporation hereby <mark>s</mark>	ubmits the follow	ing annual report:
SECOND: It is incorpor	ated under the law	s of R.	Ι.
	<del>-</del>		is
and the name of its registered			
FOURTH: If a foreign country under the laws of wh	=	-	-
FIFTH: The character Island, briefly stated, is			ally engaged in Rhode
SIXTH: The names and Name	respective address	es of its directors	and officers are:
	Director		
	Director		* *** ** ******************************
	Director		
	Director		
	Director		
	Director		Dbet-bea.ea
William H.McDermott M	D President	Tower Hill R	oad,Wakefield,R.I.
	Vice President		
Roger W. Ashley, M.D.	Secretary	Tower Hill R	oad,Wakefield,R.I.
Harold A. Falconer H.D.	Treasurer	Tower Hill R	oad,Wakefield,R.I.
SEVENTH: The aggregatory classes, par value of shares,			
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common		Without Par

Еїдити: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Series

Par Value per Share or Statement that Shares are without Par Value

January Dated ....

..... , 19 . <sup>1976</sup>

SOUTH COUNTY PEDIATRIC GROUP, INC.

(NAME OF CORPORATION)

By Handle Foliare m

MY 25-76 STATE (35) (31 8 ± 15.00

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

## ANNUAL REPORT

 $\mathbf{OF}$ 

SOUTH COUNT	TY PEDIATRIC G	ROUP, INC.	
Pursuant to the provision amended, the undersigned con First: The name of the	rporation hereb	y submits the followir	g annual report:
			1
SECOND: It is incorpora	ated under the l	aws of RHODE ISLAN	D
THIRD: The address of Tower Hill Road,		ffice in Rhode Island is	<b>3</b>
and the name of its registered	agent in Rhode	Island at such address	3 is
	· · · · · · · · · · · · · · · · · · ·		
FOURTH: If a foreign of	corporation, the	address of its princip	al office in the state or
country under the laws of wh	ich it is incorpo	rated is	·· · · · · · · · · · · · · · · · · · ·
FIFTH: The character	of the business	s in which it is actua	lly engaged in Rhode
Island, briefly stated, is Medical Do			
	•		
SIXTH: The names and	respective addr	esses of its directors a	nd officers are:
	Director		· · · · · · · · · · · · · · · · · · ·
	Director		.:
	Director		
	Director		••
	Director		
	Director		
William H. McDermott, M.D.	President	Tower Hill Road,	Wakefield, R.I.
	Vice Preside	nt	
Roger W. Ashley, M.D.	Secretary	Tower Hill Road,	Wakefield, R.I.
Harold A. Falconer, M.D.	Treasurer	Tower Hill Road,	Wakefield, R.I.
SEVENTH: The aggrega by classes, par value of shares,			
	~~.	,	Par Value per Share
Number of Shares	Class	Series	or Statement that Shares are without Par Value
600	Common		Without Par

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class

Series

Par Value per Share or Statement that Shares are without Par Value

Dated January

, 19  $^{75}$ 

SOUTH COUNTY PEDIATRIC GROUP, INC.

Hawld a Jacume of corporation)

Rxx Treasurer

48 17-75 \$55 012 48\*\* \* \* 15.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	South Count	y Pediatric	Group,I	nc.			
amended, the i	to the provision undersigned corp The name of the	oration hereby	y submits :	the fo	llowing	, annual rep	ort:
1 11011	The name of the						
SECOND:	It is incorporat	ed under the l	aws of St	tate (	of Rho	de Island	
THIRD:	The address of it						
and the name o	of its registered a	gent in Rhode	Island at s	such a	ddress	is	
							•••
	If a foreign co	-		f its p	rincipa	ıl office in th	e state or
·		_					
Firmu ·	The character o	f the husiness	s in which	it is	actual	ly engaged	in Rhode
Island, briefly		dical Doctor				ij engageu	III Idilode
, 5110119							
		•					
	The names and re				tors an		<b>:</b> :
		Director					•
		Director					
		Director					
		Director			-		
		Director		-			
	• •	Director					
William H. 2	McDermott, M.	President	Tower	Ht11	Road,	Wakefield,	R.I.
•		Vice Preside	nt			•	
Roger W. Asi	nley, M. D.	Secretary	Tower	Hill	Road,	Wakefield,	R.I.
Harold A. Fa	alconer, M. D.	Treasurer	Tower	H111	Road,	Wakefield,	Ŗ.I.
	: The aggregate value of shares, sh						
Number o Shares		Class	Se	ries		Par Value p or Stateme Shares are Par Va	nt that without
600	c	ommon				Withou	t Par
						. !	

MAR 22 1974

ORM 31 35M 8-73

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

Dated February

, 1974

SOUTH COUNTY PEDIATRIC GROUP, INC. (NAME OF CORPORATION)

William H. Ma Desmot

Its President

JR -5-74 STATE 1299 AR\*\*\* #15.00

Ву

المستر

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Chode Island and Providence Plantations Office of the secretary of state

#### ANNUAL REPORT

 $\mathbf{OF}$ 

Pursuant to the pamended, the undersig FIRST: The nam	SCUTH CCUNTY PEDI provisions of Section 7- ned corporation hereby e of the corporation is CUTH CCUNTY PEDIATI	1.1-118 of the Gene submits the followin	eral Laws, 1956, as g annual report:
SECOND: It is in	corporated under the lay	ws of Rhode Islan	nd .
Tower Hill Ro and the name of its reg	ress of its registered officed Wakefield, Rhode listered agent in Rhode listered agent age	Island 02879 Island at such addres	ss is
FOURTH: If a fo	reign corporation, the ac	ldress of its principa	l office in the state or
FIFTH: Thechara		nich it is actually enga	=
SIXTH: The nam	es and respective addres		nd officers are:
WILLIAM H. McDERM	CTT Director	Narragansett, R.	I
HARCLD A. PALCONE	R. Director	South Kingstown,	R. I.
RCGER W. ASHLEY	Director	South Kingstown,	R. I
	Director Director	: · · · · · · · · · · · · · · · · · · ·	
	Director		, ,
WILLIAM H. McDERN		see above	
RCGER W. ASHLEY			
HARCLD A. FALCONE		see above	
	gregate number of share hares, shares without par		
Number of Shures	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common	wit	hout par value

JAN 23 1313

FORM 31 50M 6 72

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
300	common		withour par value

Dated January /6 , 19 73

SCUTH CCUNTY PEDIATRIC GROUP, INC.

By William H- Mc Dismott M. Its PRESIDEN T