

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

| PROFIT CORPORATION | ANNUAL REPORT FOR THE YEAR | 2005 |
|--------------------|----------------------------|------|

Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 3. Street Address Principal Business Office *0*27/ 6. SIC Code 4. Business Phone No. State of Incorporation 9211 HODE 401- 331-7400 7. Brief Description of the Character of Business Conducted in Rhode Island medical services of urological Transacting the business 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name MY Street Address State Zip Street Address Street Address City State Zip State ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address City State Director Name Wom Street Address Street Address Ζ.ψ City State Zıp State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Class/Series Par Value Number of Shares Number of Shares Class/Series 600 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 that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

For SECRETARY OF STATE USE ONL 80907

Form 630 Rev. 12/03



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

| 'KOFII COKPOF<br>lling Period: January 1 - M<br>FORM MUST BE TYPED OR PRIN | arcb 1 • Filin        | g Fee: \$50.00       | KI FOR THE TEAR                            | 2004   |  |  |  |
|--|-----------------------|----------------------|--|--|--|--|--|
| Corporate ID No.   | 2 Name of Corporation | 7                    |  |  |  |  |  |
| 110593   | 1 ' '                 | S IN UROLOGY, INC    | )  |  |  |  |  |
| Street Address Principal Business (<br>1524 Atwood                         | ~/ /\                 | #322                 | Tohnstox                                   | State RI   | 6. SIC Code  |  |  |
| Business Phone No 5. State of Incorporation 4/() 1-33/1-7400 PHODE ISLAN   |                       |                      |  |  |  |  |  |
| Brief Description of the Character of Business Conducted in Rhode Island   |                       |                      |  |  |  |  |  |
| TRANSACTING THE BU   |                       |                      |  | n, des penope sicilio  | ATTACHMENTE  |  |  |
| NAMES AND ADDRESSES  | OF THE OFFICERS       | : ("X" BOX FOR       | VIce President Name                        | PACES BEFORE USING   | ATTACHMENTS  |  |  |
| Stylen M.  | Colagia               | anni                 | Same                                       |  |  |  |  |
| TOTAL ADDRESS BON 1  | 19/0                  |                      | Street Address                             |  |  |  |  |
| Malanha  | State                 | 2ip                  | City                                       | State  | Zip  |  |  |
| cretary Name   | .J. Proceeding        | 1.46                 | Treasurer Name                             |  |  |  |  |
| Same   | · · · · · ·           |                      | Same                                       | Same   |  |  |  |
| rei Address  |                       |                      | Street Address                             |  |  |  |  |
| <u> </u>   | State                 | Zip                  | City                                       | State  | Zip  |  |  |
| NAMES AND ADDRESSES  | OF THE DIRECTOR       | <br>                 | P. ATTACHMENT) □ FILI IN                   | <br>SPACES BEFORE USIN                                       | G ATTACHMENTS  |  |  |
| rectar Name  | Polagio a             | •                    | Director Name                              |  |  |  |  |
| The But 10910  |                       | Street Address       |  | _  |  |  |  |
| Wenhy  | Sialo                 | 240286               | City                                       | State  | Zip  |  |  |
| rector Name  |                       |                      | Director Name                              |  |  |  |  |
| rret Address   |                       | <del></del>          | Street Address                             |  |  |  |  |
| ty   | State                 | Zip                  | City                                       | State  | Zip  |  |  |
| ). SHARES AUTHORIZED   | <br>("X" BOX FOR ATT  | <br>FACHMENT) []     | 11. SHARES ISSUED ("                       | <br>X" BOX FOR ATTACHN                                       | HENT)  |  |  |
| imber of Shares  | Class/Series          | Par Value            | Number of Shares                           | Class/Series   | Par Value  |  |  |
| 500 NO PAR VALUE   |                       |                      | (000                                       | Common   | war  |  |  |
|  |                       | -                    |  |  | Halus  |  |  |
| This report must be s  | igned in ink by cith  | ner the President, V | ice President, Secretary, Assistan         | t Secretary, Treasurer, R                                    | ecciver or Trustee                                   |  |  |
|  | <b>.</b><br>          |                      |  |  | _  |  |  |
|  | 1 0 5 2 3             |                      | Under penalty of perjuincluding any accomp | ury, I declare and affirm that<br>anying schedules and state | at I have examined this rements, and that all statem |  |  |
| ile Daie 4/26/04   | 1                     |                      | contained herein are to                    | nue and correct  | gen 4-2  |  |  |
| heck No. 1115  | •                     |                      | Signature of Officer                       | n Adam   | Date   |  |  |
| <i>\delta</i> .  |                       |                      | Print of Type Name of                      | 71. COLUGIA. Officer   | <u>anns</u>  |  |  |
| FOR SECRETARY OF STATE USE ONLY  |                       |                      | Tile of Officer                            |  |  |  |  |
|  |                       |                      | rine of Officer                            |  |  |  |  |

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## 2003

|  | INTED IN BLACK)                                 |   |   |                          |                     |
|--|---|---|---|--------------------------|---------------------|
| 1. Corporate ID No   | 2. Name of Corpor                               | ation   |   |                          |                     |
| 110593   | CONSULTA  | ANTS IN UROLOGY, INC.                                   |   |                          |                     |
| 3. Street Address Principal Busin  | ess Office                                      |   | City  | State                    | Zip                 |
| 4. Business Phone No.  |   | Ste 322<br>s. State of Incorporation                    | Johnston  | RI                       | 02919<br>6 SIG Gode |
| 401 - 331 -<br>7. Brief Description of the Charac  | 7400<br>cter of Business Conducted              | RHODE ISLAND in Rhode Island                            |   |                          | 9217                |
| Medical  8. NAMES AND ADDRI  President Name  | Services:<br>Esses of the off                   | - Urology<br>ICERS (*x* BOX HOR ATTACH                  | MENT) FILL IN SPACES BE   | FORE USING ATTACH        | MENTS               |
| Steven M.  | Colagia   | lanni, MD   | Street Address  |                          |                     |
| City O . Co. A   | 1096<br>State<br>RI                             | 02816   | City  | State                    | Zip                 |
| Secretary Name   | K.I   | 00.010  | Treasurer Name  |                          |                     |
| Street Address   |   |   | Street Address  |                          |                     |
|  |   |   |   | •                        | Zip                 |
| City   | State   | Zip   | City  | State                    | :<br>!              |
| 9. NAMES AND ADDR  |   | Zip<br>ECTORS ("X" BOX FOR ATTA                         |   | State BEFORE USING ATTAC | :                   |
| 9. NAMES AND ADDR!   | ESSES OF THE DIR                                | ·   | CHMENT) FILL IN SPACES  |                          | :                   |
| 9. NAMES AND ADDR!   | ESSES OF THE DIR                                | ECTORS ("X" BOX FOR ATTA                                | CHMENT) FILL IN SPACES   Director Name  |                          | :                   |
| 9. NAMES AND ADDR!   | ESSES OF THE DIR                                | ECTORS ("X" BOX FOR ATTA                                | CHMENT) FILL IN SPACES Director Name  Street Address  | BEFORE USING ATTAC       | HMENTS              |
| 9. NAMES AND ADDRI<br>Director Name<br>Street Address<br>P.O. Box 1<br>City<br>Calentry                                      | ESSES OF THE DIR                                | ECTORS ("X" BOX FOR ATTA                                | CHMENT) FILL IN SPACES Director Name  Street Address  City  | BEFORE USING ATTAC       | HMENTS              |
| 9. NAMES AND ADDRI<br>Director Name<br>Street Address<br>P.O. Box /<br>City<br>Colon bry<br>Director Name                    | ESSES OF THE DIR                                | ECTORS ("X" BOX FOR ATTA                                | CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  | BEFORE USING ATTAC       | HMENTS              |
| 9. NAMES AND ADDRI<br>Director Name<br>Street Address<br>P.O. Box<br>City<br>Colon by<br>Director Name                       | esses of the dir<br>Colagial 6<br>1096<br>State | ECTORS ("X" BOX FOR ATTAI<br>2 AM 1 , MD  21p  22p  22p | CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address                              | BEFORE USING ATTAC       | Zip                 |
| 9. NAMES AND ADDRES  Director Name  Street Address  P.O. Box  City  Director Name  Street Address  City  10. SHARES AUTHORIZ | esses of the dir<br>Colagial 6<br>1096<br>State | ECTORS ("X" BOX FOR ATTAI<br>2 AM 1 , MD  21p  22p  22p | CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address  Guy  11. SHARES ISSUED (-x- | BEFORE USING ATTAC       | Zip                 |

|               | * 1 1 0 5 9 3 *   |
|---------------|-------------------|
| File Date:    | 7-1-05            |
| Check No.:    | 705               |
|               | a.                |
| FOR SECRETARY | OF STATE USE ONLY |

| "·  |            |          |
|---|------------|----------|
| Under penalty of perjury, I declare and affirm that I h | ave examir | red      |
| this report, including any accompanying schedules an    | d statemen | its, and |
| that all statements contained herein are true and corre | ect.       |          |
| Store M Colizonovin                                     |            |          |
| Signature of Officer Date                               |            |          |
| Shuen M. Colagia ann                                    | <u> </u>   |          |
| Print of Type Name of Officer                           |            |          |
| # Casiden E   |            |          |
| Title of Officer  | Fa 630     | 12/02    |

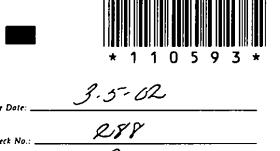


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation CONSULTANTS IN UROLOGY, INC. 110593 3. Street Address Principal Business Office 1524 ATWOOD HUENUE 4. Business Phone No. 5. State of Incorporation 401 - 331- 7400 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL PRACTICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("N" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS STEVEN M. COLAGINANNI Street Address State Street Address Street Address ZID City State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Director Name Director Name Street Address Street Address State ZipCity State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUEE) SHARES Number of Shares Par Value Number of Shares Class/Series Class/Series 600 NO PAR VALUE Noth Chlue 600 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

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Type Name of Officer Form 630 12/01

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



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

## ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PITAM RIAD INSTRUCTIONS

| iling Period: January  | 1-March 1 • Fi                        | ling Fee: \$50.00       |                          |            |                      | INSTRUCTIONS        |
|--|---------------------------------------|-------------------------|--------------------------|------------|----------------------|---------------------|
| ORM MUST BE TYPED IN BLAC  | CK)                                   |                         |                          |            |                      |                     |
| Corporate ID No  | 2. Name of Corporation<br>Consultants | In Urology, Inc         | •                        |            |                      |                     |
| Street Address Principal Business Office 1524 Atwood Avenue Suite 322  |                                       |                         | Johnston                 |            | State<br>RI          | 7ip<br>02919        |
| Business Phone No. 401-331-7400  | · · · · · · · · · · · · · · · · · · · |                         |                          |            |                      | 6. SIC Code<br>9217 |
| Brief Description of the Character Medical Servi   |                                       | ode Island              |                          |            |                      |                     |
| NAMES AND ADDRESS  | ES OF THE OFFICE                      | RS ("X" BOX FOR ATTACHM | ENT) OFILL IN SPA        | CES BEFO   | RE USING ATTACHM     | ENTS                |
| Steven M. Colagiovanni, MD   |                                       |                         | Vice President Name Same |            |                      |                     |
| PO Box 1096  |                                       | Street Address          |                          |            |                      |                     |
| Coventry   | State<br>RI                           | 21p<br>02816            | City                     |            | State                | Zip                 |
| retary Name Same   |                                       |                         | Treasurer Name Same      |            |                      |                     |
| cet Address  |                                       |                         | Street Address           |            |                      |                     |
| THE STATE OF THE S | State                                 | Zip                     | City                     |            | State                | Zip                 |
| NAMES AND ADDRESS  | SES OF THE DIRECT                     | ORS ("X" BOX FOR ATTAC  | HMENT) DFILL IN SI       | PACES BE   | FORE USING ATTACH    | MENTS               |
| rector Name Steven M. Colag:   |                                       |                         | Director Name            | ·          |                      |                     |
| ret Address<br>PO Box 1096   | <u> </u>                              |                         | Street Address           |            |                      |                     |
| Coventry   | State<br>RI                           | 02816                   | City                     |            | State                | Zip                 |
| rector Name  |                                       | Director Name           |                          |            |                      |                     |
| vet Address  |                                       | Street Address          |                          |            |                      |                     |
| •  | State                                 | Zip                     | City                     |            | State                | Zip                 |
| . SHARES AUTHORIZEI  | ) (*X* BOX FOR ATTACH                 | IMENT)                  | 11. SHARES ISSUI         | ED (*X* BO | X FOR ATTACHMENT)    | )                   |
| THORIZED SHARES  |                                       |                         | ISSUED SHARES            |            |                      |                     |
| ober of Shares   | Class/Series                          | Par Value               | Number of Shares         |            | Class/Series         | Par Value           |
| 600  | Common                                | noparvalue              |                          | 600        | Comnon               | no parvalue         |
| is report must be signe  | ed in ink by either                   | the President, Vice Pr  | esident, 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 that all statements contained herein are true and correct.

Signature of Officer Date

Steven M. Colagiovanni, MD

Print or Type Name of Officer

President

Title of Officer