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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No.	2. Name of Corporation		
110593	CONSULTANTS IN UROLOGY, INC.		
3. Street Address Principal Business Office	City	State	Zip
1524 ATWOOD AVENUE #322	JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-331-7400	RHODE ISLAND		9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Transacting the business of urological medical services

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

President Name	Vice President Name
STEVEN M. COLAGIOVANNI, MD	None
Street Address: P.O. BOX 1096	Street Address
City: Coventry State: RI Zip: 02816	City State Zip
Secretary Name: None	Treasurer Name: None
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
STEVEN M. COLAGIOVANNI, MD	None
Street Address: P.O. BOX 1096	Street Address
City: Coventry State: RI Zip: 02816	City State Zip
Director Name: None	Director Name: None
Street Address	Street Address
City State Zip	City State Zip

05 OCT 31 AM 11:01
SEC. OF STATE
CORPORATIONS DIV.

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/Series*	*Par Value*
600	Common	No Par Value	600	Common	No Par Value

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

[redacted] [redacted]

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* 10/28/2005

Steven M. Colagiovanni, MD
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date FILED
Check No. OCT 31 2005
By: By KMC
FOR SECRETARY OF STATE USE ONLY C80907

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.	2 Name of Corporation		
110593	CONSULTANTS IN UROLOGY, INC.		
3. Street Address Principal Business Office: 1524 Atwood Avenue #322	City: Johnston	State: RI	Zip: 02919
4. Business Phone No: 401-331-7400	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TRANSACTING THE BUSINESS OF UROLOGICAL MEDICAL SERVICES.

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

President Name	Vice President Name
Steven M. Colagiovanni	Same
Street Address: P.O. Box 1096	Street Address
City: Cranky State: RI Zip: 02816	City State Zip
Secretary Name: Same	Treasurer Name: Same
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Steven M. Colagiovanni	
Street Address: P.O. Box 1096	Street Address
City: Cranky State: RI Zip: 02816	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	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/Series*	*Par Value*
600 NO PAR VALUE			1000	Common	no par value

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

[redacted] [redacted]

*110593

File Date 4/26/04
Check No. 1115
By: W.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Steven M. Colagiovanni 4-2004
Signature of Officer *Date*

Steven M. Colagiovanni
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No: 110593
2. Name of Corporation: CONSULTANTS IN UROLOGY, INC.
3. Street Address Principal Business Office: 1524 Atwood Avenue - Ste 322
   City: Johnston State: RI Zip: 02919
4. Business Phone No.: 401-331-7400
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Medical Services- Urology

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

President Name: Steven M. Colagiovanni, MD
Street Address: PO Box 1096
City: Coventry State: RI Zip: 02816

Secretary Name:
Street Address:
City State Zip

Vice President Name:
Street Address:
City State Zip

Treasurer Name:
Street Address:
City State Zip

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

Director Name: Steven M. Colagiovanni, MD
Street Address: P.O. Box 1096
City: Coventry State: RI Zip: 02816

Director Name:
Street Address:
City State Zip

Director Name:
Street Address:
City State Zip

Director Name:
Street Address:
City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No par

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

110593

File Date: 7-1-05

Check No.: 705

By: [redacted]

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.

Steven M Colagiovanni
Signature of Officer Date

Steven M. Colagiovanni
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 110593
2. Name of Corporation: CONSULTANTS IN UROLOGY, INC.
3. Street Address Principal Business Office: 1524 ATWOOD AVENUE STE 322 — City: JOHNSTON — State: RI — Zip: 02919
4. Business Phone No.: 401-331-7400
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: MEDICAL PRACTICE

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

President Name: STEVEN M. COLAGIOVANNI
Street Address: P.O. BOX 1096
City: CRANSTON State: RI Zip: 02816

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name:
Street Address:
City: State: Zip:

Treasurer Name:
Street Address:
City: State: Zip:

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

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600		No Par Value

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

* 1 1 0 5 9 3 *

File Date: 3-5-02

Check No.: 288

By: JC

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.

Steven M Colagiovanni — 02/28/02
Signature of Officer — Date

STEVEN M. COLAGIOVANNI
Print or Type Name of Officer

PRESIDENT
Title of Officer

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Form 630 12/01

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

Corporate ID No	2. Name of Corporation			
110593	Consultants In Urology, Inc.			
Street Address Principal Business Office		City	State	Zip
1524 Atwood Avenue Suite 322		Johnston	RI	02919
Business Phone No.	5. State of Incorporation			6. SIC Code
401-331-7400	Rhode Island			9217

Brief Description of the Character of Business Conducted in Rhode Island
Medical Services - Urology

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

President Name			Vice President Name		
Steven M. Colagiovanni, MD			Same		
Street Address			Street Address		
PO Box 1096					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Steven M. Colagiovanni, MD					
Street Address			Street Address		
PO Box 1096					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/Series	Par Value
600	Common	no par value	600	Common	no par value

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

[redacted]

File Date: 10/31/2001

Check No.: 143

By: CB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Steven M Colagiovanni 10-30-01
Signature of Officer *Date*

Steven M. Colagiovanni, MD
Print or Type Name of Officer

[redacted] President
Title of Officer