



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 IN BLACK)

1. Corporate ID No. *61310* 2. Name of Corporation Urgent Medical Center of Smithfield, Inc.
3. Street Address Principal Business Office 400 PUTNAM PIKE, SUITE E City SMITHFIELD State RI Zip 02917
4. Business Phone No. 4012732687 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER PROFESSIONAL AND EMERGENCY CARE MEDICINE SERVICES TO THE GENERAL PUBLIC

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

President Name Daniel Halpren-Ruder			Vice President Name		
Street Address 40 Stimson Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Daniel Halpren-Ruder			Treasurer Name Daniel Halpren-Ruder		
Street Address 40 Stimson Ave.			Street Address 40 Stimson Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

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

Director Name Daniel Halpren-Ruder			Director Name		
Street Address 40 Stimson Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
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



* 6 1 3 1 0 *

**61310* 1/27/03 12:08:18 PM*

File Date 2/8/05

Check No. 2503

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.

Signature of Officer [Signature] Date 1/27/05

Print or Type Name of Officer
Daniel Halpren-Ruder
President

Title of Officer



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 IN BLACK)

1. Corporate ID No. *61310* 2. Name of Corporation Urgent Medical Center of Smithfield, Inc.
3. Street Address Principal Business Office 400 PUTNAM PIKE, SUITE E City SMITHFIELD State RI Zip 02917
4. Business Phone No. 4012732687 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER PROFESSIONAL AND EMERGENCY CARE MEDICINE SERVICES TO THE GENERAL PUBLIC

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

President Name Daniel Halpren-Ruder Vice President Name
Street Address 40 Stimson Ave. Street Address
City Providence State RI Zip 02906 City State Zip

Secretary Name Daniel Halpren-Ruder Treasurer Name Daniel Halpren-Ruder
Street Address 40 Stimson Ave. Street Address 40 Stimson Ave.
City Providence State RI Zip 02906 City Providence State RI Zip 02906

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

Director Name Daniel Halpren-Ruder Director Name
Street Address 40 Stimson Ave. Street Address
City Providence State RI Zip 02906 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
2,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



**61310* 1/27/03 12:08:18 PM*
FILED
File Date
Check No. MAR 25 2004
By: M25421
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Daniel Halpren-Ruder Date 3/23/2004
Print or Type Name of Officer
Title of Officer Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *61310*		2. Name of Corporation Urgent Medical Center of Smithfield, Inc.			
3. Street Address Principal Business Office 400 PUTNAM PIKE, SUITE E			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 4012732687		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL AND EMERGENCY CARE MEDICINE SERVICES TO THE GENERAL PUBLIC					
8. NAMES AND ADDRESSES OF THE OFFICERS (X^o BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Halpren-Ruder			Vice President Name .		
Street Address 40 Stimson Ave.			Street Address .		
City Providence	State RI	Zip 02906	City .	State .	Zip .
Secretary Name Daniel Halpren-Ruder			Treasurer Name Daniel Halpren-Ruder		
Street Address 40 Stimson Ave.			Street Address 40 Stimson Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (X^o BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel Halpren-Ruder			Director Name .		
Street Address 40 Stimson Ave.			Street Address .		
City Providence	State RI	Zip 02906	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED (X^o BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X^o BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM 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



* 6 1 3 1 0 *

**61310* 1/27/0312:08:18 PM*

File Date 2/12/03

Check No. 1129

By: SH

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Daniel Halpren-Ruder Date Feb 3, 2003

Print or Type Name of Officer Daniel Halpren-Ruder

Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **61310**
2. Name of Corporation **Rhode Island Acute Care, Inc.**
3. Street Address Principal Business Office
400 Putnam Pike - Suite E
4. Business Phone No. **(401) 273-2687**
5. State of Incorporation **RHODE ISLAND**

City **Smithfield** State **RI** Zip **02917**
6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted In Rhode Island

To render professional & emergency care medicine services to the general public.

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

President Name
Daniel Halpren-Ruder
Street Address
40 Stimson Avenue
City **Providence** State **RI** Zip **02906**

Vice President Name
None
Street Address
40 Stimson Avenue
City **Providence** State **RI** Zip **02906**

Secretary Name
Daniel Halpren-Ruder
Street Address
40 Stimson Avenue
City **Providence** State **RI** Zip **02906**

Treasurer Name
Daniel Halpren-Ruder
Street Address
40 Stimson Avenue
City **Providence** State **RI** Zip **02906**

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

Director Name
Daniel Halpren-Ruder
Street Address
40 Stimson Avenue
City **Providence** State **RI** Zip **02906**

Director Name
None
Street Address
None
City **None** State **None** Zip **None**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 6 1 3 1 0 *

1-16-02

File Date: _____

10258

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer _____ Date **1/16/02**

Daniel Halpren-Ruder
Print or Type Name of Officer

President
Title of Officer



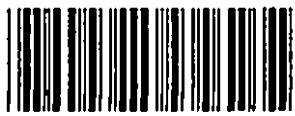
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 61310		2. Name of Corporation Rhode Island Acute Care, Inc.	
3. Street Address Principal Business Office 400 Putnam Pike Suite E		City Smithfield	State RI
4. Business Phone No. (401) 273-2687		5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island To render professional and emergency care medicine services to the general public.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Daniel Halpren-Ruder		Vice President Name None	
Street Address 40 Stimson Avenue		Street Address	
City Providence	State RI	Zip 02906	City Providence
Secretary Name Daniel Halpren-Ruder		Treasurer Name Daniel Halpren-Ruder	
Street Address 40 Stimson Avenue		Street Address 40 Stimson Avenue	
City Providence	State RI	Zip 02906	City Providence
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Daniel Halpren-Ruder		Director Name	
Street Address 40 Stimson Avenue		Street Address	
City Providence	State RI	Zip 02906	City Providence
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>
Number of Shares	Class/Series	Par Value	Number of Shares
2,000 SHS COM NO PAR VAL			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.



* 6 1 3 1 0 *

File Date: **FILED**
Check No.: **MAR 15 2001**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: **[Signature]**
Date: **3/1/01**
Print or Type Name of Officer: **Daniel Halpren-Ruder**
Title of Officer: **President**



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. Corporate ID No. 61310		2. Name of Corporation Rhode Island Acute Care, Inc.	
3. Street Address Principal Business Office 400 Putnam Pike - Suite E		City Smithfield	State RI
4. Business Phone No. (401) 273-2687		5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island			

To render professional and emergency care medicine services to the general public.
~~8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS~~

President Name Daniel Halpren-Ruder		Vice President Name None	
Street Address 40 Stimson Avenue		Street Address	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Daniel Halpren-Ruder		Treasurer Name Daniel Halpren-Ruder	
Street Address 40 Stimson Avenue		Street Address 40 Stimson Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	

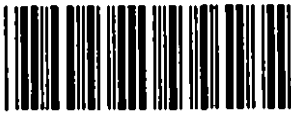
~~9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS~~

Director Name Daniel Halpren-Ruder		Director Name	
Street Address 40 Stimson Avenue		Street Address	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
2,000 SHS COM NO PAR VAL			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



* 6 1 3 1 0 *

File Date: 4/11/00

Check No.: 9032

By: MEG

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 2/9/00

Daniel Halpren-Ruder

Print or Type Name of Officer

President

Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 61310		2. Name of Corporation Rhode Island Acute Care, Inc.			
3. Street Address Principal Business Office 400 Putnam Pike - Suite E			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 273-2687		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island To render professional and emergency care medicine services to the general public.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Halpren-Ruder			Vice President Name		
Street Address 40 Stimson Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Daniel Halpren-Ruder			Treasurer Name Daniel Halpren-Ruder		
Street Address 40 Stimson Avenue			Street Address 40 Stimson Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel Halpren-Ruder			Director Name		
Street Address 40 Stimson Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS COM NO PAR VAL			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



File Date: **FILED**
MAR 23 1999
Check No.:
By: **cc 8492**

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: *[Signature]* Date: **MARCH 10, 1999**
Print or Type Name of Officer: **Daniel Halpren-Ruder**
Title of Officer: **President**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **61310** 2. Name of Corporation **Rhode Island Acute Care, Inc.**

3. Street Address Principal Business Office **115 Cass Avenue** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 273-2687** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8217**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render professional and emergency care medicine services to the general public.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Daniel Halpren-Ruder	Vice President Name
Street Address 40 Stimson Avenue	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name Daniel Halpren-Ruder	Treasurer Name Daniel Halpren-Ruder
Street Address 40 Stimson Avenue	Street Address 40 Stimson Avenue
City State Zip Providence RI 02906	City State Zip Providence RI 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Daniel Halpren-Ruder	Director Name
Street Address 40 Stimson Avenue	Street Address
City State Zip Providence RI 02906	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

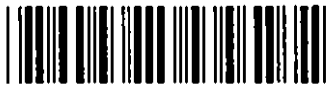
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	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



6 1 3 1 0 *

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
FILED
DEC 23 10 37 AM '98
1/23/98
8/1/90
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer **[Signature]** Date **1/14/98**
Print or Type Name of Officer **Daniel Halpren-Ruder**
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **61310** 2. Name of Corporation **Rhode Island Acute Care, Inc.**
3. Street Address Principal Business Office **115 Cass Avenue** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 273-2687** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render professional and emergency care medicine services to the general public.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Daniel Halpren-Ruder	Vice President Name
Street Address 40 Stimson Avenue	Street Address
City Providence State RI Zip 02906	City State Zip
Secretary Name Daniel Halpren-Ruder	Treasurer Name Daniel Halpren-Ruder
Street Address 40 Stimson Avenue	Street Address 40 Stimson Avenue
City Providence State RI Zip 02906	City Providence State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Daniel Halpren-Ruder	Director Name
Street Address 40 Stimson Avenue	Street Address
City Providence State RI Zip 02906	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2,000 SHS COM NO PAR VAL	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



File Date: 3.5.97
Check No.: 3375
By: WP

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 2/20/97
Print or Type Name of Officer: Daniel Halpren-Ruder
Title of Officer: President

PROFIT CORPORATION 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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 61310		2. NAME OF CORPORATION Rhode Island Acute Care, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 115 Cass Avenue			CITY Woonsocket	STATE RI	ZIP CODE 02895
4. BUSINESS PHONE NO. (401) 273-2687		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To render professional and emergency care medicine services to the general public.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Daniel Halpren-Ruder			VICE PRESIDENT NAME Daniel Halpren-Ruder		
STREET ADDRESS 40 Stimson Avenue			STREET ADDRESS 40 Stimson Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
SECRETARY NAME Daniel Halpren-Ruder			TREASURER NAME Daniel Halpren-Ruder		
STREET ADDRESS 40 Stimson Avenue			STREET ADDRESS 40 Stimson Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Daniel Halpren-Ruder			DIRECTOR NAME Daniel Halpren-Ruder		
STREET ADDRESS 40 Stimson Avenue			STREET ADDRESS 40 Stimson Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
DIRECTOR NAME Daniel Halpren-Ruder			DIRECTOR NAME Daniel Halpren-Ruder		
STREET ADDRESS 40 Stimson Avenue			STREET ADDRESS 40 Stimson Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	COM NO PAR VAL		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 that all statements contained herein are true and correct.

File Date:

2/13/96

Check No:

5503

By:

ca/lp

Signature of Officer

Daniel Halpren-Ruder
Print or Type Name of Officer

President
Title of Officer

2/13/96

Date

For Secretary of State Use Only

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

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: 0061310 Annual Report for the Year: 1995

Name of Corporation: Rhode Island Acute Care, Inc.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)

For foreign entity, address and telephone number of principal office:

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

To render professional and emergency care medicine services to the general public.

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
115 Cagg Avenue
Woonsocket, RI 02895

Phone: (401) 273-2687

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	Street Address	City/State	Zip Code
Daniel Halpren-Ruder	40 Stimson Avenue	Providence, RI	02906
SECRETARY	Street Address	City/State	Zip Code
Daniel Halpren-Ruder	40 Stimson Avenue	Providence, RI	02906
TREASURER	Street Address	City/State	Zip Code
Daniel Halpren-Ruder	40 Stimson Avenue	Providence, RI	02906

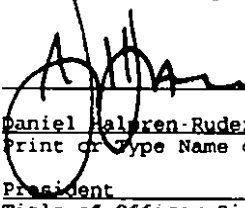
THE NAMES OF THE DIRECTORS ARE:

NAME	Street Address	City/State	Zip Code
Daniel Halpren-Ruder	40 Stimson Avenue	Providence, RI	02906
NAME	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000	Common N/A No Par Value	100	Common N/A No Par Value

RHODE ISLAND ACUTE CARE, INC.

Date Feb. 28, 1995

By: 
Daniel Halpren-Ruder
 Print or Type Name of Officer Signing
President
 Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Robert B. Berkelhammer, Esq., Licht & Samonoff, One Park Row, Providence, RI 02903

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID 7/17

1995 5 289

EX-# 2957 90

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

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

Corporate ID: 0061310 Annual Report for the Year: 1994

Name of Business Entity: Rhode Island Acute Care, Inc.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)

Federal Taxpayer Identification Number: [REDACTED] Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office: Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
Daniel Halpren-Ruder, M.D., President
40 Stimson Avenue
Providence, RI 02906

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
115 Cass Avenue
Woonsocket, RI 02895
Brief statement of the character of business conducted in Rhode Island:
To render professional and emergency care medicine services to the general public.

Phone: (401) 273-2687 Date of Organization: August 1, 1990

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> Chief Executive Officer or <input checked="" type="checkbox"/> President (Check One)	Street Address	City/State	Zip Code
<u>Daniel Halpren-Ruder</u>	<u>40 Stimson Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> Chief Operating Officer or <input type="checkbox"/> V. President (Check One)	Street Address	City/State	Zip Code
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary (Check One)	Street Address	City/State	Zip Code
<u>Daniel Halpren-Ruder</u>	<u>40 Stimson Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer (Check One)	Street Address	City/State	Zip Code
<u>Daniel Halpren-Ruder</u>	<u>40 Stimson Avenue</u>	<u>Providence, RI</u>	<u>02906</u>

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
<u>Daniel Halpren-Ruder</u>	<u>40 Stimson Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
Name	Street Address	City/State	Zip Code

FILED

MAR 02 1994

By D. Halpren-Ruder

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING	
NUMBER	2,000	NUMBER	100
CLASS	Common	CLASS	Common
SERIES	N/A	SERIES	N/A
PAR VALUE OR WITHOUT PAR	NO PAR VALUE	PAR VALUE OR WITHOUT PAR	NO PAR VALUE

RHODE ISLAND ACUTE CARE, INC.

Date Feb 9, 19 94

By: [Signature]

Daniel Halpren-Ruder
Print or Type Name of Officer Signing

President
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Robert B. Berkelhammer, Esq., Licht & Semonoff, One Park Row, Providence, RI 02903

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Filing Fee: \$50.00

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 0061310

Annual Report for the year 1993

FIRST: The name of the corporation is RHODE ISLAND ACUTE CARE, INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to render professional and emergency care medicine services to the general public by persons authorized to practice medicine in the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island: 40 Stimson Avenue, Providence, Rhode Island 02906.

SIXTH: Names and addresses of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Daniel Halpren-Ruder	Director	40 Stimson Avenue, Providence, RI 02906
Daniel Halpren-Ruder	President	Same as above
Daniel Halpren-Ruder	Secretary	Same as above
Daniel Halpren-Ruder	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
2000	common	n/a	No par value

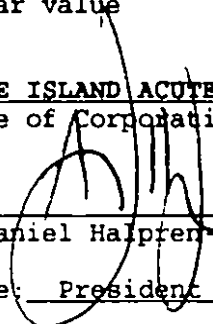
EIGHTH: Number of Shares issued:

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
100	common	n/a	No par value

Dated: Feb 19, 1993

CCW 1530

RHODE ISLAND ACUTE CARE, INC.
(Name of Corporation)

By: 
Daniel Halpren-Ruder

Title: President

(Report must be signed by an officer)

REC'D

FEB 22 1993

Filing Fee: \$50.00

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 0061310

Annual Report for the year 1991

MC

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Daniel Halpren-Ruder	President	115 Cass Ave., Woonsocket, RI 02895
Daniel Halpren-Ruder	Secretary	Same as above
Daniel Halpren-Ruder	Treasurer	Same as above

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2000	Common	--	No par value

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<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
100	Common	--	No par value

Dated: 3/18 1991

RHODE ISLAND ACUTE CARE, INC.
(Name of Corporation)

By: *[Signature]*
Daniel Halpren-Ruder

(Report must be signed by an officer)

Title: President

PAID
MAR 20 1991
SECY OF STATE

Filing Fee: \$50.00

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

97/1123

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0061310

Annual Report for the year 1992

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2000	Common	-- PAID	No par value

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<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
100	Common	--	No par value

Dated: 4/20 1992

RHODE ISLAND ACUTE CARE, INC.
(Name of Corporation)

By: Daniel Halpren-Ruder

(Report must be signed by an officer)

Title: President