

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

DAM MODI DE TITLE	(BLACK)				
I. Corporate ID No. *96315*	2. Name of Corpor Urgent Medic	ration cal Center of Cumber	rland, Inc.		
3. Street Address Principal Bu	•		City	State	Zip
40 STIMSON AVENU			PROVIDENCE	RI	02906
4. Business Phone No.		5. State of Incorporate	іоп		6. SIC Code
4012732687		RHODE ISLAN	ID		9217
7. Brief Description of the Ch TO ACT A MEDICAL C					
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT)	ACES BEFORE USING AT	TACHMENTS
Daniel Halpren-R	uder				
Street Address			Street Address		
40 Stimson Ave.					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name			Treasurer Name		
Daniel Halpren-R	uder		Daniel Halpren-	Ruder	
Sircei Address			Street Address		
40 Stimson Ave.			40 Stimson Ave.		
Ciry	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RÏ	02906
9. NAMES AND ADDRE Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOI	RATTACHMENT) TELL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Daniel Halpren-R	uder				
Street Address			Street Address		
40 Stimson Ave.					
City	State	Zîp	City	State	Zip
Providence	RI	02906			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (") ISSUED SHARES	X" BOX FOR ATTACHMEN	σ \square
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must he sig	ned in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Truste
This report must be sig	ned in ink by either	er the President, Vice	Under penalty of be this report, includin	rjury, I declare and affirm g any accompanying sche	that I have examined dules and statements,
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*96315 DBC1/27/D3 File Date 2 8 C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er the President, Vice	Under penalty of be this report, including and that all statemed Signature of Villicer	rjury, I declare and affirm g any accompanying sche nts contained herein are tn	that I have examined dules and statements, ue and correct.
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Form 630 12/01



Office of the	e secretary of state				407.222 J040
PRÖFIT CORP	ORATION	ANNUAL REPO	RT FOR THE	YEAR 2004	
Filing Period: January	I - March I 🏓 🕒 F	iling Fee: \$50.00			
(FORM MUST BE TYPED IN	·				
1. Corporate ID No. *96315*	2. Name of Corpo	iration ical Center of Cumberlar	nd Inc		
3. Street Address Principal Bu		ical Center of Cumberial		0	
40 STIMSON AVENU	**		City PROVIDENCE	State	Zip
4 Business Phone No.		5. State of Incorporation	PROVIDENCE	RI	02906
4012732687		RHODE ISLAND			6. <i>SIC Code</i> 9217
7. Brief Description of the Ch. TO ACT A MEDICAL C	aracter of Business Cor	iducted in Rhode Island	-		9217
8. NAMES AND ADDRE	ESSES OF THE OFI	FICERS ("X" BOX FOR ATTA		SPACES BEFORE USING ATTA	ACHMENTS
President Name Daniel Halpren-R	udor		Vice President Name		
Street Address	uder		Communication of the communica		
40 Stimson Ave.			Street Address		
City	State	7in	Cir.		-
Providence	RI	<i>Zip</i> 02906	City	State	Zıp
Secretary Name	X.1	02300	Treasurer Name		
Daniel Halpren-R	uder		Daniel Halprer	n-Ruder	
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40 Stimson Ave.			40 Stimson Ave	5	
City	State	Zıp			7
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				RI	02906
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Daniel Halpren-R	uder				
Street Address			Street Address		
40 Stimson Ave.					
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Providence	RI	02906			
Director Name			Director Name		
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			Under nenai f k of n	perjury, I declare and affirm that	L have examined
- , 0	3 1 7 -		this report, includi	inglany accompanying schedule	s and statements
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File Date	······································	-	\	M- 3/23	/2002
Charles MAR 9	5 2004		Signature of Officer	Date	*
Check No. 11AN &	<u> </u>	-	Daniel Hal	p/en-Ruder	
By MZ	5422		Print or Type Name	of Officer	
· · · · · · · · · · · · · · · · · · ·		- =	President		
FOR SECRETARY OF STAT	E USE ONLY		TO () () ()	 _	

Title of Officer

Form 630 12/01

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

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

(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

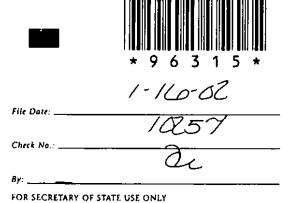
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			City	State	Zıp		
3. Street Address Principal L 40 STIMSON AVEN			PROVIDENCE	RI	02906		
4. Business Phone No		5. State of Incorpora			6. SIC Code		
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Providence	RI	02906					
Secretary Name	• • • • • • • • • • •		Treasurer Name				
Daniel Halpren-	Ruder		Daniel Halpren-Ruder				
Strees Address			Street Address				
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Daniel Halpren-	Ruder						
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Providence	RI	02906] <i></i>		
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File Date	2/12/03	_	11/	1 4 h	eb. 3,2003		
	13 13		Suprature of Officer		Date		
Check No	/3/0	_	Daniel Halp	oreh-Ruder			
G G			Print or Type Same of Officer				

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

PROFIT CORP				PORT FOR THE	YEAR _ 200	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA	CK)					
1. Corporate ID No.	2. Name of	Corporation				<i>ڪ</i> ي
96315	Urgent	t Medical Ce	nter of Apple Valley	ı, Inc.		
3. Street Address Principal Business				City	State	Zip
40 Stimson 4. Business Phone No.			5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 273-2			RHODE ISLAND			9217
7. Brief Description of the Character				•		
				ng medical care.		
8. NAMES AND ADDRESS	SES OF THE	OFFICERS	("X" BOX FOR ATTAC		EFORE USING ATTA	CHMENTS
President Name Danial Hal-	aran Dag	4		Vice President Name		
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40 Stimson	Avanua			Street Mantess		
City	State	,	?.ip	City	State .	71-
Providence	Jiwit	RI	02906	·	Jierr	Zip
Secretary Name		KI	02300	Treasurer Name		• •
Daniel Halp	ren_Ru	for			D 1	
Street Address	ren na	101		Daniel Halp	ren-kuder	
40 Stimson	Avenue				A	
City	State	;	?!p	40 Stimson	State	Zip
Providence	3.2. ,	RI	02906	Providence	-	
9. NAMES AND ADDRESS Director Name	SES OF THE				RI BEFORE USING ATT	02906 ACHMENTS
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City •	State	:	S(p	City	State	Zip
Director Name				Director Name		•
Street Address				Street Address		
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10. SHARES AUTHORIZEI) (*x* вох го	R ATTACHMEI	VT')	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	T)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

₹ 5



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all Antements contained herein are true and correct. Signature of Officer Daniel Halpren-Ruder Prinker Type Name Presiden

Common

No par value

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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	Filing	Period:	January	1-March	•	Filing	rec:	\$50.00
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(FORM MUST BE TYPED IN BLA	CK)								
1. Carporate ID No. 96315		me of Corporation		Center of	Apple Valley, Is	nc.	-		
3. Street Address Principal Business	Officer				City	State	RI	Zζ	
40 Stimson 4. Business Phone No. (401) 273-2687	Ave	nue		e of Incorporation IODE ISLAN	Providence			6. SIC (906 Tode 117
7. Brief Description of the Character	of Busine	ss Conducted in	Rhode Island	ı					
To act as	a me	dical offi	ce pro	viding me	dical care.				
8. NAMES AND ADDRESS President Name Daniel Halpren-			ERS (*x*	BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name None	BEFORE USING	G ATTACHN	MENTS	
Street Address 40 Stimson Aven	ue				Street Address				
City Providence	State	RI	Zip	02906	City	State		Zip	
Secretary Name Daniel Halpren-	Ruder				Theasurer Name Daniel Halpre	en-Ruder	• • • • •	••••	•••
Street Address 40 Stimson Aven	ue				Street Address 40 Stimson Av	venue		•	
City Providence	State	RI	ZIP	02906	Cly Providence	State	RI	Zip	02906
9. NAMES AND ADDRESS Director Name Daniel Halpren-			CTORS (*	X° BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USI	NG ATTAC	HMENTS	
Street Address 40 Stimson Aven	ue				Street Address				
Providence	State	RI	Zip	02906	City	State		Zip	
Director Name					Director Name				• ••• •
Street Address					Street Address				
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10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* B	OX FOR ATTAC	CHMENT)		11. SHARES ISSUED	(*X* BOX FOR ATT	ACHMENT)		
Number of Shares	Class	/Series	Par Va	lue	Number of Shares	Class/Serie	s	Par Val	ue
2,000 COMM NO P	AR VA	LUE			100	Commo	on	No Pa	r Value

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



FILED

MAR 1 5 2001

FOR SECRETAL TO THE 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 open are true and correct.

Allha 3/1/01

Signatur of Officer
Daniel Halpren-Ruder

Print or V):pe Name | f Officer

President

Title of Officer



File Date: _

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP INSTRUCTIONS

(FORM MUST BE TYPED IN I						
1. Corporate ID No. 96315	2. Name of Corpora Urgent Me		Apple Valley, Inc			
3. Street Address Principal Busin	i <u></u>		City	State		
•			Providence	RI	I 02906	
40 Stimson Ave	enue	5. State of Incorporation	FLOVIdence		6. SIC Code	
/401) 272-2602	,	RHODE ISLAN	0		9217	
401) <u>273-26</u> 87) Brief Description of the Chara	cter of Business Conducted	in Rhode Island				
To not an a me	adical office :	nroviding medical	care, to engage	in_any lawful a	ct of any RI ,	
COMESTANT OF THE			HER ASS CHILD SPACE		Charles (1999)	
President Name			Vice President Name			
Daniel Halprer	n-Ruder		None			
street Address			Street Address			
40 Stimson Ave	enue		<u>:</u>	· • - — - · — — -		
City	State	Zip	City	State	Zip	
Providence	RI	02906		• • • • • • • • • • • • • • • • • • • •		
Secretary Name			Treasurer Name	- 1		
Daniel Halpre	n-Ruder		Daniel Halpren-Ruder			
Street Address			Street Address			
40 Stims <u>on Ave</u>			40 Stimson Av			
Clty	- State	Zip :	City	State	Zip	
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Director Name	(E22E2 OF THE DIK	ECTORNAL PONTIONAL	: Director Name	The same of the sa		
Daniel Halpre	n-Puder					
Street Address	<u></u>		: Street Address			
40 Stimson Av	enue		:			
City	State	Zip	City	State	ZIP	
Providence	RI	02906	:	:	:	
Director Name		, , , TaTaTaTaT	Director Name		**************************************	
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j 189	18118 21188 11181 11881 8411	1881				
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*	96315	*			chedules and statements, a	

Daniel Halpken Ruder

Print on Type Name of Officer

Ditte of Officer

ed herein are true and correct.

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

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

(FORM MUST BE TYPED IN BL.	ACK)				
1. County 10 No.	² Úrgent Medi	cal Center of Apple V	alley, Inc.		
3. Street Address Principal Busines.	s Oiflee		City	State	2.1p
- 40 Stimson Aven 4. Business Phone No.	ue	5 RHODETSLAND	_ Providence	ri _ RI	02906 6. 5/ 9217
(401) 273-2687 7. Brief Description of the Characte			- · · · · · ·	· · ·	P.I. Corporation
To act as a medic 8. NAMES AND AUDRES	sal office provises of the office	iding medical care, Chapter 5.1 ERS (*x* BOX FOR ATTACH	to engage in any 1 (R.I. Professional MENT): FILL IN SPACES E Vice President Name	Services) BEFORE USING ATTAC	HMENTS
Daniel Halpren- Street Address	Ruder		Street Address	 	
40.Stimson Aven	State	Ţ zip	City	State	Zip
Providence Secretary Name	RI	02906	Treasurer Name Daniel Halpren	-Puder	
Daniel Halpren- Street Address	-Ruder _		Street Address		······
	State — —	02906 _	40 Stimson Ave	State	Zip 02906
Providence 9. NAMES AND ADDRE	SSES OF THE DIRE		CHMENT) L FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
_ Daniel Halpren- Street Address	-Ruder		Street Address		
40 Stimson Aver	State	r zip	City	State	Zip
Providence	RI	02906	Director Name	••••••	
Street Address			Street Address	· ·- ·—	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PA	AR VALUE		100	Common	No Par Value
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This report must be sig	ned in ink by eith		resident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee

File Date:	FILED
Check No.:	MAR 2 3 1999
By:	By CC 8495

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 Office Halpren-Ruder Daniel Print or Type Name of Officer Dresident.
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

President Name Daniel Halpren-Ruder Street Address 40 Stimson Avenue					
96315 Urgent Medical Center of Apple Valley, Inc. 3. Street Address Principal Business Office 4. Stimson Avenue 4. Rusiness Phone No. (401) 273-2687 7. Brist Description of the Character of Business Conducted in Rhode Island TO act as a Medical Office providing medical care, to engage in any lawful act of any R. I corporation and as set out in R. I. G. L. Article 7, Chapter 5.1 (R. I. Professional Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Daniel Halpren-Ruder Street Address 40 Stimson Avenue City State Zip City State Zip					
3. Street Address Principal Business Office 4. Stimson Avenue 4. Rusiness Phone No. (401) 273-2687 7. Brief Description of the Character of Business Conducted in Photoe, island in Medical Care, to engage in any lawful act of any R.I. Corporation and as set out in R.I.G.L. Article 7, Chapter 5.1 (R.I. Professional Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Daniel Halpren-Ruder Street Address 40 Stimson Avenue City State Zip City State Zip City State Zip State Zip State Zip Zip					
46 Stimson Avenue 4. Rusiness Phone No. (401) 273-2687 RHODE ISLAND 7. Brief Description of the Chiprocter of Business Conducted in Rhode Island Corporation and as set out in R.I.G.L. Article 7, Chapter 5.1 (R.I. Professional Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Daniel Halpren-Ruder Street Address 40 Stimson Avenue City State Zip Providence RI 02906 6. SIC Code 9217 Chapter 5.1 (R.I. Professional Services 8. Street Address Vice President Name Street Address Street Address Street Address State Zip City State Zip					
4. Rusiness Phone No. (401) 273-2687 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode island medical care, to engage in any lawful act of any R.I corporation and as set out in R.I.G.L. Article 7, Chapter 5.1 (R.I. Professional Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Daniel Halpren-Ruder Street Address 40 Stimson Avenue City State Zip City State Zip State Zip State Zip					
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Secretary Name	*******				
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City State Zip City . State Zip					
Providence RI 02906 Providence RI 0290	5				
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Director Name					
Daniel Halpren-Ruder					
Street Address . Street Address .					
40 Stimson Avenue					
City State Zip City State Zip					
Providence RI 02906					
Director Name Director Name	, .,				
Street Address • Street Address • •					
Street Address • Street Address • •					
Street Address	··				
	•				
City State Zip City State Zip					
City State Zip City State Zip					
City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	ue				
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City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	ue				

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

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Under penalsy 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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Signature of Office

Halpren-Ruder

Print or Type Name of Officer

President

Title of Officer