



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. *96315*
2. Name of Corporation Urgent Medical Center of Cumberland, Inc.
3. Street Address Principal Business Office 40 STIMSON AVENUE
City PROVIDENCE State RI Zip 02906
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 ACT A MEDICAL OFFICE PROVIDING MEDICAL CARE.

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 Street Address
40 Stimson Ave.
City Providence State RI Zip 02906

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

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



* 9 6 3 1 5 *

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 1/27/05
Print or Type Name of Officer
President
Title of Officer

96315 DBC1/27/0312:18:03 PM
File Date 2/8/05
Check No. 2249
By: W.
FOR SECRETARY OF STATE USE ONLY



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. *96315* 2. Name of Corporation Urgent Medical Center of Cumberland, Inc.
3. Street Address Principal Business Office 40 STIMSON AVENUE City PROVIDENCE State RI Zip 02906
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 ACT A MEDICAL OFFICE PROVIDING MEDICAL CARE.

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



96315 DBC1/27/03 12:18:03 PM
FILED
File Date
Check No. MAR 25 2004
By: BV MZ5422
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
President
Title of Officer



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. *96315*		2. Name of Corporation Urgent Medical Center of Cumberland, Inc.			
3. Street Address Principal Business Office 40 STIMSON AVENUE			City PROVIDENCE	State RI	Zip 02906
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 ACT A MEDICAL OFFICE PROVIDING MEDICAL CARE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILE 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) <input checked="" type="checkbox"/> FILE 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) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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



* 9 6 3 1 5 *

96315 DBC1/27/0312:18:03 PM

File Date 2/12/03

Check No 1310

By: R

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] Feb. 3, 2003
Signature of Officer Date
Daniel Halpren-Ruder
Print or Type Name of Officer
President
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. **96315** 2. Name of Corporation **Urgent Medical Center of Apple Valley, Inc.**
3. Street Address Principal Business Office **40 Stimson Avenue** City **Providence** State **RI** Zip **02906**
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 act as a medical office providing medical care.

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 None
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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



* 9 6 3 1 5 *

1-16-02

File Date: _____
Check No.: _____
By: _____

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 **1/10/02**
Daniel Halpren-Ruder
Print or Type Name of Officer
President



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. **96315** 2. Name of Corporation **Urgent Medical Center of Apple Valley, Inc.**
3. Street Address Principal Business Office: **40 Stimson Avenue** City: **Providence** State: **RI** Zip: **02906**
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 act as a medical office providing medical care.

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 None
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) FILL IN SPACES BEFORE USING ATTACHMENTS

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 COMM NO PAR VALUE		

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



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**
President
Title of Officer



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. 96315		2. Name of Corporation Urgent Medical Center of Apple Valley, Inc.	
3. Street Address Principal Business Office 40 Stimson Avenue		City Providence	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 act as a medical office providing medical care, to engage in any lawful act of any RI Corporation as set out in R.I.G.L. Article 7, Chapter 1-13 (Professional Services)

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	City
State RI	State
Zip 02906	Zip

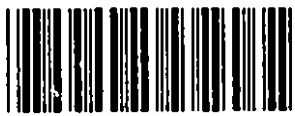
Secretary Name Daniel Halpren-Ruder		Treasurer Name Daniel Halpren-Ruder	
Street Address 40 Stimson Avenue		Street Address 40 Stimson Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	

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	City
State RI	State
Zip 02906	Zip

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)		
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



* 9 6 3 1 5 *

2/11/00
9081
91859

File Date: _____

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: *[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. Corporation ID No. **96315** 2. Name of Corporation **Urgent Medical Center of Apple Valley, Inc.**

3. Street Address Principal Business Office
40 Stimson Avenue City **Providence** State **RI** Zip **02906**

4. Business Phone No. **(401) 273-2687** 5. State of Incorporation **RHODE ISLAND** 6. SIC **8217**

7. Brief 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 RI Corporation

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 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) **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)

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

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

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



FILED

File Date: **MAR 23 1999**
Check No.: **CC 8495**
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: **[Signature]** Date: **3/10/99**
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. 96315		2. Name of Corporation Urgent Medical Center of Apple Valley, Inc.			
3. Street Address Principal Business Office 40 Stimson Avenue			City Providence	State RI	Zip 02906
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 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			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 (*X* BOX FOR ATTACHMENT)					
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
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

File Date: **1/23/98**

Check No: **4101**

By: *[Signature]*

96315

96315

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**

Daniel Halpren-Ruder
Print or Type Name of Officer

President
Title of Officer