

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003403

FILED  
Mar 25, 2005  
Secretary of State

Entity Name: DOCTOR-DRIVEN SYSTEMS, INC.

## Current Principal Place of Business:

20 WILLIAM STREET, SUITE 330  
WELLESLEY, MA 02481

## New Principal Place of Business:

## Current Mailing Address:

20 WILLIAM STREET, SUITE 330  
WELLESLEY, MA 02481

## New Mailing Address:

FEI Number: 04-3542054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: KRYDER, JOHN C M.D.  
Address: 20 WILLIAM STREET, SUITE 330  
City-St-Zip: WELLESLEY, MA 02481

Title: S ( ) Delete  
Name: MANLEY, LISA  
Address: 20 WILLIAM STREET, SUITE 330  
City-St-Zip: WELLESLEY, MA 02481

Title: D ( ) Delete  
Name: HANSEN, DAVID N  
Address: 20 WILLIAM STREET, SUITE 330  
City-St-Zip: WELLESLEY, MA 02481

Title: D ( ) Delete  
Name: JANES, THOMAS  
Address: ONE BOSTON PLACE  
City-St-Zip: BOSTON, MA 02108

Title: D ( ) Delete  
Name: MARGUILES, DAVID  
Address: 59 PINE RIDGE ROAD  
City-St-Zip: WABAN, MA 02468

Title: D ( ) Delete  
Name: BENNETT, WILLIAM  
Address: 149 COMMON STREET  
City-St-Zip: DEDHAM, MA 02026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HANSEN, DAVID N  
Address: 20 WILLIAM STREET, SUITE 330  
City-St-Zip: WELLESLEY, MA 02481

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID N HANSEN

D

03/25/2005

Electronic Signature of Signing Officer or Director

Date