

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002059

Entity Name: IATRIC SYSTEMS, INC.

FILED
Feb 22, 2005
Secretary of State

Current Principal Place of Business:

27 GREAT POND DR.
BOXFORD, MA 01921

New Principal Place of Business:

Current Mailing Address:

27 GREAT POND DR.
BOXFORD, MA 01921

New Mailing Address:

FEI Number: 57-1195600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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: DPST () Delete
Name: BERMAN, JOEL
Address: 27 GREAT POND DR.
City-St-Zip: BOXFORD, MA 01921

Title: V () Delete
Name: BERMAN, JOEL
Address: 27 GREAT POND DR.
City-St-Zip: BOXFORD, MA 01921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ROSENBAUM, SANDRA
Address: 27 GREAT POND DR.
City-St-Zip: BOXFORD, MA 01921

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: JOEL BERMAN

DPST

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date