

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005656

FILED  
Apr 21, 2010  
Secretary of State

Entity Name: MEDSYNERGIES, INC.

**Current Principal Place of Business:**

1255 CORPORATE DR 3RD FLOOR  
IRVING, TX 75038

**New Principal Place of Business:**

**Current Mailing Address:**

1255 CORPORATE DR 3RD FLOOR  
IRVING, TX 75038

**New Mailing Address:**

FEI Number: 75-2515691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: C  
Name: HUTTON, WILLIAM  
Address: 1255 CORPORATE DR 3RD FLOOR  
City-St-Zip: IRVING, TX 75038

Title: P  
Name: THOMAS, JOHN R  
Address: 1255 CORPORATE DR 3RD FLOOR  
City-St-Zip: IRVING, TX 75038

Title: S  
Name: MARSHALL, FRANK  
Address: 1255 CORPORATE DR 3RD FLOOR  
City-St-Zip: IRVING, TX 75038

Title: CFO  
Name: MURRAY, WILLIAM P  
Address: 1255 CORPORATE DR 3RD FLOOR  
City-St-Zip: IRVING, TX 75038

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P.MURRAY

CFO

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date