


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F05000004214 1. Entity Name VERSAMED MEDICAL SYSTEMS, INC. |  |
|---|---|

Principal Place of Business
**2 BLUE HILL PLAZA
PEARL RIVER, NY 10965**

Mailing Address
**2 BLUE HILL PLAZA
PEARL RIVER, NY 10965**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3549428 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000001389181
01/12/06-80042-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | DANTZKER, DAVID DR |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |
| TITLE | VC |
| NAME | MISHOLI, BOAZ |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |
| TITLE | D |
| NAME | COHEN, AVI |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |
| TITLE | D |
| NAME | KRAUSS, JEFF |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |
| TITLE | P |
| NAME | KORTEN, JERRY |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |
| TITLE | VT |
| NAME | KOGOT, EHUD |
| STREET ADDRESS | 2 BLUE HILL PLAZA |
| CITY-ST-ZIP | PEARL RIVER, NY 10965 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

E. Kogot *EHUD KOGOT* *01/06/06* *845-770-2840*