

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004214

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: VERSAMED MEDICAL SYSTEMS, INC.

## Current Principal Place of Business:

2 BLUE HILL PLAZA  
PEARL RIVER, NY 10965

## New Principal Place of Business:

2 BLUE HILL PLAZA  
3RD FLOOR  
PEARL RIVER, NY 10965

## Current Mailing Address:

2 BLUE HILL PLAZA  
PEARL RIVER, NY 10965

## New Mailing Address:

2 BLUE HILL PLAZA  
P.O. BOX 1512  
PEARL RIVER, NY 10965

FEI Number: 59-3549428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DANTZKER, DAVID DR  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

Title: VC ( ) Delete  
Name: MISHOLI, BOAZ  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

Title: D (X) Delete  
Name: COHEN, AVI  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

Title: D ( ) Delete  
Name: KRAUSS, JEFF  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

Title: P ( ) Delete  
Name: KORTEN, JERRY  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

Title: VT ( ) Delete  
Name: KOGOT, EHUD  
Address: 2 BLUE HILL PLAZA  
City-St-Zip: PEARL RIVER, NY 10965

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: JEFFREY, KRAUSS  
Address: 625 6TH AVENUE  
City-St-Zip: NEW YORK, NY 10011

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

Title: D (X) Change ( ) Addition  
Name: DAVID, FREELOVE  
Address: 711 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10022

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 exemption stated 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 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: EHUD KOGOT

CFO

07/05/2007

Electronic Signature of Signing Officer or Director

Date