

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004214

FILED
Apr 20, 2009
Secretary of State

Entity Name: VERSAMED MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

2 BLUE HILL PLAZA
PO BOX 1512
PEARL RIVER, NY 10965

New Principal Place of Business:

2 BLUE HILL PLAZA
PEARL RIVER, NY 10965

Current Mailing Address:

PO BOX 2216
SCHENECTADY, NY 123012216

New Mailing Address:

FEI Number: 59-3549428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: CEO () Delete
Name: KORTEN, JERRY
Address: 2 BLUE HILL PLAZA PO BOX 1512
City-St-Zip: PEARL RIVER, NY 10965

Title: D (X) Delete
Name: KORTEN, JERRY
Address: 2 BLUE HILL PLAZA PO BOX 1512
City-St-Zip: PEARL RIVER, NY 10965

Title: CFO () Delete
Name: KOGOT, EHUD
Address: 2 BLUE HILL PLAZA PO BOX 1512
City-St-Zip: PEARL RIVER, NY 10965

Title: VP () Delete
Name: MCELLIGOTT, ANN-MARIE
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

Title: AT (X) Delete
Name: MCELLIGOTT, ANN-MARIE
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: KORTEN, JERRY
Address: 2 BLUE HILL PLAZA PO BOX 1512
City-St-Zip: PEARL RIVER, NY 10965

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

Title: MGR (X) Change () Addition
Name: KOGOT, EHUD
Address: 2 BLUE HILL PLAZA PO BOX 1512
City-St-Zip: PEARL RIVER, NY 10965

Title: MGR (X) Change () Addition
Name: MCELLIGOTT, ANN-MARIE
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

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: ANN-MARIE MCELLIGOTT

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date