

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000490

Entity Name: MEDSIM INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

3215 NW 10TH TERRACE
SUITE # 201
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3215 NW 10TH TERRACE
SUITE # 201
FT LAUDERDALE, FL 33309

New Mailing Address:

3215 NW 10TH TERRACE
SUITE # 201
FT LAUDERDALE, FL 33309 US

FEI Number: 20-8200919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRMANN, LOTHAR
3215 NW 10TH TERRACE
SUITE # 201
FT LAUDERDALE, FL 33309 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: CEOD () Delete
Name: BERGMAN, MARK
Address: C/O MEDSIM LTD., HAYETZIRA 10 INDUSTRIAL
City-St-Zip: ZONE, RA'ANANA 43663, ISRAEL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BERGMAN, MARK
Address: C/O MEDSIM LTD., HAYETZIRA 10 INDUSTRIAL
City-St-Zip: ZONE, RA'ANANA 43663, ISRAEL, OC 00000

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: MARK BERGMAN

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date