

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004339

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANODYNE MEDICAL SERVICES CORPORATION

Current Principal Place of Business:

1515 HANCOCK STREET
QUINCY, MA 02169

New Principal Place of Business:

Current Mailing Address:

PO BOX 2069
QUINCY, MA 02269

New Mailing Address:

FEI Number: 04-2497415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURANO, JAMES
305 PIRATES BIGHT
NAPLES, FL 34103 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: CDPS () Delete
Name: MURANO, JAMES
Address: 1515 HANCOCK STREET
City-St-Zip: QUINCY, MA 02169

Title: T () Delete
Name: MURANO, JAMES
Address: 1515 HANCOCK STREET
City-St-Zip: QUINCY, MA 02169

Title: VCD () Delete
Name: SBARDELLA, DONNA
Address: 1515 HANCOCK STREET
City-St-Zip: QUINCY, MA 02169

Title: VP () Delete
Name: SBARDELLA, DONNA
Address: 1515 HANCOCK STREET
City-St-Zip: QUINCY, MA 02169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONNA SBARDELLA

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date