

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000003679

Entity Name: MEDICITY, INC.

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

56 EAST BROADWAY
SUITE 100
SALT LAKE CITY, UT 84111

New Principal Place of Business:

Current Mailing Address:

56 EAST BROADWAY
SUITE 100
SALT LAKE CITY, UT 84111

New Mailing Address:

151 FARMINGTON AVE.
RT65
HARTFORD, CT 06156

FEI Number: 33-0807547

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

OFFICERS AND DIRECTORS:

Title: CONT
Name: SULLIVAN, JOHN F
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: P
Name: DOVER, BRENT
Address: 56 EAST BROADWAY, SUITE 100
City-St-Zip: SALT LAKE CITY, UT 84111

Title: VS
Name: LEE, EDWARD C
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: CFO
Name: URRY, DAVID
Address: 56 EAST BROADWAY, SUITE 100
City-St-Zip: SALT LAKE CITY, UT 84111

Title: VT
Name: COFRANCESCO, ELAINE R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: VPAS
Name: BELLIZZI, JERRY J
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

I hereby 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 all other like empowered.

SIGNATURE: EDWARD C. LEE

VS

04/19/2011

Electronic Signature of Signing Officer or Director

Date