

,2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001310
 1. Entity Name
 THE MEDSTAT GROUP, INC.



Principal Place of Business Mailing Address
 777 EAST EISENHOWER PARKWAY 777 EAST EISENHOWER PARKWAY
 ANN ARBOR, MI 48108 ANN ARBOR, MI 48108



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 06-1467923 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	COLE, GLEN
STREET ADDRESS	777 EISENHOWER PKWY
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	VPS
NAME	POCSIK, DARREN B
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	D
NAME	GOLD, MARC E
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	CEO
NAME	KING, KEVIN
STREET ADDRESS	THOMSON HEALTHCARE 5 PARAGON DR
CITY-ST-ZIP	MONTVALE, NJ 07845
TITLE	VP
NAME	DIEPHIUS, CAROL
STREET ADDRESS	777 E. EISENHOWER PKWY
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/14/06-80011-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Cole **GLENN COLE, CFO** 734-915-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #