

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001355

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: COMPUTERIZED MEDICAL SYSTEMS, INC.

## Current Principal Place of Business:

1145 CORPORATE LAKE DRIVE  
ST. LOUIS, MO 63132

## New Principal Place of Business:

## Current Mailing Address:

1145 CORPORATE LAKE DRIVE  
ST. LOUIS, MO 631321716

## New Mailing Address:

FEI Number: 94-3262540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T 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: PD ( ) Delete  
Name: COWEN, ANDREW C  
Address: 21 ST ANDREWS DRIVE  
City-St-Zip: ST LOUIS, MO 63124

Title: ST ( ) Delete  
Name: MORTENSON, TIMOTHY J  
Address: 16423 WILSON CREEK COURT  
City-St-Zip: CHESTERFIELD, MO 63005

Title: D ( ) Delete  
Name: BANSACK, STEPHEN  
Address: 24,200 NORTH ALMA SCHOOL ROAD  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: D ( ) Delete  
Name: CARMANY, GEORGE W  
Address: ONE BOSTON PLACE, SUITE 1650  
City-St-Zip: BOSTON, MA 02108

Title: V ( ) Delete  
Name: REISSIG, DAVID  
Address: 108 RUNNYMEDE DR  
City-St-Zip: ST. LOUIS, MO 63141

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J MORTENSON

ST

01/25/2007

Electronic Signature of Signing Officer or Director

Date