

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001355

FILED  
Feb 11, 2011  
Secretary of State

**Entity Name:** COMPUTERIZED MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

13723 RIVERPORT DRIVE  
STE 100  
MARYLAND HEIGHTS, MO 63043

**New Principal Place of Business:**

**Current Mailing Address:**

13723 RIVERPORT DRIVE  
STE 100  
MARYLAND HEIGHTS, MO 63043

**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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HOEY, JAY  
**Address:** 100 MATHILDA PLACE, 5TH FLOOR  
**City-St-Zip:** SUNNYVALE, CA 94086

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

**Title:** D  
**Name:** JACHINOWSKI, JOSEPH  
**Address:** 100 MATHILDA PLACE, 5TH FLOOR  
**City-St-Zip:** SUNNYVALE, CA 85255

**Title:** D  
**Name:** BERGSTROM, HAKAN  
**Address:** BOX 7593  
**City-St-Zip:** STOCKHOLM, SWEDEN, MO SE-103 93

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:** TIMOTHY MORTENSON

CFO

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date