

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004144

Entity Name: NOTIFYMD, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

318 SEABOARD LANE
SUITE 310
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

318 SEABOARD LANE
SUITE 310
FRANKLIN, TN 37067

New Mailing Address:

FEI Number: 04-3029814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO () Delete
Name: FERGUSON, GARY
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: CFO () Delete
Name: BEDNOWITZ, DAVID
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: CTO () Delete
Name: MCDEVITT, JONATHAN
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: CSO () Delete
Name: LANE, ARTHUR
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: C (X) Delete
Name: BARNETT, RACHEL
Address: 318 SEABOARD LANE STE 310
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCDEVITT, JONATHAN
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: COO (X) Change () Addition
Name: BEDNOWITZ, DAVID
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: CSO (X) Change () Addition
Name: LANE, ARTHUR
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

Title: C (X) Change () Addition
Name: BARNETT, RACHEL
Address: 318 SEABOARD LANE, SUITE 310
City-St-Zip: FRANKLIN, TN 37067

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: RACHEL BARNETT

CONT

02/03/2009

Electronic Signature of Signing Officer or Director

Date