

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005931

Entity Name: MEDINSIGHTS, INC.

FILED  
Feb 24, 2010  
Secretary of State

## Current Principal Place of Business:

9 CAMPUS DRIVE  
ATTN: ELIZABETH J. ROMANI  
PARSIPPANY, NJ 07054

## New Principal Place of Business:

9 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

## Current Mailing Address:

9 CAMPUS DRIVE  
ATTN: ELIZABETH J. ROMANI  
PARSIPPANY, NJ 07054

## New Mailing Address:

FEI Number: 58-2348496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D  
Name: TROY, EDWARD DIR/PRE  
Address: 9 CAMPUS DRIVE-SUITE 7  
City-St-Zip: PARSEPPANY, NJ 070540316

Title: SECY  
Name: BAUMGARTNER, HARRY M SECY  
Address: 9 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

Title: TREA  
Name: YERDON, EDWIN E TREAS  
Address: 9 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07504

Title: PRES  
Name: REPOLI, MICHAEL G PRES  
Address: 9 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

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: ELIZABETH J ROMANI

AS

02/24/2010

Electronic Signature of Signing Officer or Director

Date