

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90201 027 \*\*\*550.00

**DOCUMENT # F99000005048**

1. Entity Name

**SOFTMED SYSTEMS, INC.**

Principal Place of Business

**6610 ROCKLEDGE DRIVE  
 SUITE 500  
 BETHESDA MD 20817**

Mailing Address

**6610 ROCKLEDGE DRIVE  
 SUITE 500  
 BETHESDA MD 20817**

2. Principal Place of Business

**12215 Plum Orchard Drive**

3. Mailing Address

**12215 Plum Orchard Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Silver Spring, MD**

City & State

**SILVER SPRING, MD**

Zip

**20904**

Country

**USA**

Zip

**20904**

Country

**USA**

4. FEI Number

**52-1322009**

Applied For

☐ 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 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SEGAL, DONALD 6610 ROCKLEDGE DRIVE BETHESDA MD 20817</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MATRONE, PHILIP 6610 ROCKLEDGE DRIVE BETHESDA MD 20817</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN SEGAL, DONALD 12215 Plum Orchard Dr SILVER SPRING, MD 20904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO MATRONE PHILIP 12215 Plum Orchard Dr SILVER SPRING, MD 20904</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ROBERT VANARIA 10 EAGLE WAY SEEROCK, MA 02771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR KEN BLOEM 5136 MACOMB ST N.W. WASHINGTON, DC 20016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JACQUELINE MORBY 125 High ST, STE 2500 BOSTON, MA 02110</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR RICHARD TADLER 116 WOODLAND RD PITTSBURGH, PA 15232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Philip Matrone CFO 7/10/02 (301) 572-3800**

Date

Daytime Phone #

CR2E034 (4/02)