2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# F99000005048

Entity Name: SOFTMED SYSTEMS, INC.

Current Principal Place of Business:

12215 PLUM ORCHARD DRIVE
SILVER SPRING, MD 20904

New Principal Place of Business:

Current Mailing Address:

12215 PLUM ORCHARD DRIVE
SILVER SPRING, MD 20904

New Mailing Address:

FEI Number: 52-1322009 **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:	C	( ) Delete
Name:	SEGAL, DONALD	
Address:	12215 PLUM ORCHARD DR	
City-St-Zip:	SILVER SPRING, MD 20904	
Title:	CFO	( ) Delete
Name:	MATRONE, PHILIP	
Address:	12215 PLUM ORCHARD DR	
City-St-Zip:	SILVER SPRING, MD 20904	
Title:	D	( ) Delete
Name:	VANARIA, ROBERT	
Address:	10 EAGLE WAY	
City-St-Zip:	SEEKONK, MA 02771	
Title:	D	( ) Delete
Name:	BLOEM, KEN	
Address:	5136 MACOMB ST NW	
City-St-Zip:	WASHINGTON, DC 20016	
Title:	D	( ) Delete
Name:	MORBY, JACQUELINE	
Address:	125 HIGH STREET, STE 2500	
City-St-Zip:	BOSTON, MA 02110	
Title:	D	( ) Delete
Name:	TADLER, RICHARD	
Address:	116 WOODLAND RD	
City-St-Zip:	PITTSBURGH, PA 15232	

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:	
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 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 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: PHILIP MATRONE CFO 03/18/2004

Electronic Signature of Signing Officer or Director — Date