

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005048

Entity Name: SOFTMED SYSTEMS, INC.

FILED  
Sep 06, 2005  
Secretary of State

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

09/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date