

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20290

FILED
Mar 12, 2009
Secretary of State

Entity Name: MEDICAL OFFICE SOFTWARE, INC.

Current Principal Place of Business:

790 E. BROWARD BLVD
SUITE 300
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

790 E. BROWARD BLVD
SUITE 300
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-2450103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, EUGENE M
517 SW FIRST AVENUE
FT. LAUDERDALE, FL 33301 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: GMTS () Delete
Name: BARNES, KEN
Address: 1360 NW 13TH WAY
City-St-Zip: BOCA RATON, FL 33486 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FO () Change (X) Addition
Name: LONGSTREET, CAROLYN
Address: 8201 SW 15TH STREET
City-St-Zip: FT LAUDERDALE, FL 33324

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: CAROLYN LONGSTREET

FO

03/12/2009

Electronic Signature of Signing Officer or Director

Date