

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52719

FILED
Jul 31, 2009
Secretary of State

Entity Name: PHYSICIANS' DESK REFERENCE INC.

Current Principal Place of Business:

FIVE PARAGON DRIVE
MONTVALE, NJ 07645 US

New Principal Place of Business:

Current Mailing Address:

FIVE PARAGON DRIVE
MONTVALE, NJ 07645 US

New Mailing Address:

3100 CUMBERLAND BOULEVARD
SUITE 900
ATLANTA, GA 30339 US

FEI Number: 59-2811463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEMS, INC
1201 HAYES STREET
STE. 105
TALLAHASSEE, FL 32301 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: D () Delete
Name: FRIEDLAND, EDWARD A
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: WALKER, LINDA J
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: GOLD, MARC
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: CEO () Delete
Name: BOSWOOD, MICHAEL
Address: FIVE PARAGON DR
City-St-Zip: MONTVALE, NJ 07645

Title: VPAS () Delete
Name: FRIEDLAND, EDWARD A
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: AS () Delete
Name: PELOQUIN, DAVID
Address: 601 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

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 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: MICHAEL BOSWORTH

P

07/31/2009

Electronic Signature of Signing Officer or Director

Date