

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118123

Entity Name: EMEDSOFT.COM, INC.

FILED  
Feb 09, 2009  
Secretary of State

## Current Principal Place of Business:

4601 FLORAMAR TER  
NEW PORT RICHEY, FL 34652 US

## New Principal Place of Business:

215 21ST STREET SW  
ALTOONA, IA 50009 US

## Current Mailing Address:

P.O. BOX 2763  
TARPON SPRINGS, FL 34688 US

## New Mailing Address:

FEI Number: 20-0677644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERICKSON, STEVE  
4601 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

ERICKSON, STEVE  
215 21ST STREET SW  
ALTOONA, FL 50009 US

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:

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ERICKSON, STEVE  
Address: 215 21ST STREET SW  
City-St-Zip: ALTOONA, IA 50009

Title: VD ( ) Delete  
Name: CIOUTUSZYNSKI, JIM  
Address: 1647 HARBOR OAKS DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete  
Name: ERICKSON, LORI  
Address: 215 21ST STREET SW  
City-St-Zip: ALTOONA, IA 50009

## 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:

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: STEVE ERICKSON

CEO

02/09/2009

Electronic Signature of Signing Officer or Director

Date