

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155627

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: TOTALMED SYSTEMS, INC.

## Current Principal Place of Business:

6826 MILL STREAM ROAD  
OCOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

6826 MILL STREAM ROAD  
OCOE, FL 34761

## New Mailing Address:

FEI Number: 20-1883003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, DAVID  
6826 MILL STREAM ROAD  
OCOE, FL 347618458 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: P ( ) Delete  
Name: KNIGHT, BRIAN D  
Address: 6826 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

Title: VP ( ) Delete  
Name: STERLING, JAMES A  
Address: 6826 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

Title: S ( ) Delete  
Name: STERLING, JAMES A  
Address: 6826 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

Title: T (X) Delete  
Name: STERLING, JAMES A  
Address: 6826 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KNIGHT, BRIAN D  
Address: 106 SHADOW BEND LANE  
City-St-Zip: CARY, NC 27511

Title: VP (X) Change ( ) Addition  
Name: STERLING, JAMES A  
Address: 6724 AMPOSTA DRIVE  
City-St-Zip: EL PASO, TX 79912

Title: STD (X) Change ( ) Addition  
Name: STERLING, JAMES A  
Address: 6724 AMPOSTA DRIVE  
City-St-Zip: EL PASO, TX 79912

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: BRIAN KNIGHT

P

03/31/2005

Electronic Signature of Signing Officer or Director

Date