

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155627

Entity Name: TOTALMED SYSTEMS, INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

1200 S.E. MAYNARD RD., STE. 203
CARY, NC 27511

New Principal Place of Business:

Current Mailing Address:

1200 S.E. MAYNARD RD., STE. 203
CARY, NC 27511

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:

DODRILL, JAMES
THE LAW OFFICE OF JAMES G. DODRILL, II, PA
5800 HAMILTON WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

DODRILL, JAMES G II
THE LAW OFFICE OF JAMES G. DODRILL, II, PA
5800 HAMILTON WAY
BOCA RATON, FL 33496 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: JAMES DODRILL, ESQ.

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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 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: BRIAN D. KNIGHT

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date