



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96753		2. Name of Corporation SYNDICATED OFFICE SYSTEMS			
3. Street Address Principal Business Office 13737 Noel Rd Ste 100			City Dallas	State TX	Zip 75240
4. Business Phone No. 469-893-2701		5. State of Incorporation California			
6. Brief Description of the Character of Business Conducted in Rhode Island Health Care					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Mooney			Vice President Name Jeffrey Nieman		
Street Address 13737 Noel Rd Ste 100			Street Address 2401 Internet Blvd Ste 200, Frisco TX 75034		
City Dallas	State TX	Zip 75240	City Frisco	State TX	Zip 75034
Secretary Name James M. Enna			Treasurer Name James M. Enna		
Street Address 1500 South Douglass Rd			Street Address 1500 South Douglass Rd		
City Anaheim	State CA	Zip 92806	City Anaheim	State CA	Zip 92806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen Mooney			Director Name		
Street Address 13737 Noel Rd Ste 100			Street Address		
City Dallas	State TX	Zip 75240	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series Common	Par Value 1.00

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 RECEIVED
 CORPORATIONS DIV

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**

Check No **JAN 09 2009**

By: **1334 139**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature _____ Date **1-8-09**

Stephen Mooney

Print or Type Name

President and Director

Title