



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Basin Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010
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(e)(1)) is subject to a penalty fee of \$25.00.

1. Secretary ID No. 06753		2. Name of Corporation SYNDICATED OFFICE SYSTEMS									
3. Street Address, Principal Business Office 1445 ROSS AVE., STE 1400							4. City DALLAS	5. State TX	6. Zip 75202		
7. Business Phone No. 469-893-2701		8. State of Incorporation CALIFORNIA									
9. 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 MARK KLAUS						
Street Address 1445 ROSS AVE., STE 1400					Street Address 1445 ROSS AVE STE 1400						
City DALLAS		State TX		Zip 75202		City DALLAS		State TX		Zip 75202	
Director Name JAMES M. ENNA					Treasurer Name JAMES M. ENNA						
Street Address 1445 ROSS AVE STE 1400					Street Address 1445 ROSS AVE STE 1400						
City DALLAS		State TX		Zip 75202		City DALLAS		State TX		Zip 75202	
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 1445 ROSS AVE STE 1400					Street Address						
City DALLAS		State TX		Zip 75202		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"/>											
ISSUED SHARES - THIS SECTION MUST BE COMPLETED											
Number of Shares				Class/Type			Par Value				
1,000				COMMON			1.00				

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.

FILED

FEB 23 2010

File Date: _____ By: DS
 Check No: 111800
 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: 2/12/10
 Name: STEPHEN MOONEY
 Title: PRES/DIR

2010 FEB 23 PM 2:15
 RECEIVED
 CORPORATIONS DIV
 STATE