



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 133323		2. Name of Corporation GlobalMedID.com, Inc.			
3. Street Address Principal Business Office 5 COLLINGWOOD DRIVE		City CRANSTON		State RI	Zip 02921
4. Business Phone No. 401.739.7002		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island HEALTH INFORMATION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY STABILE			Vice President Name SAME		
Street Address 5 COLLINGWOOD DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/4/05
Check No.	1143
By:	us.
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 of Officer: Anthony Stabile Date: Jan 1 2005
Print or Type Name of Officer: Anthony Stabile
Title of Officer: President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 133323		2. Name of Corporation GlobalMedID.com, Inc.	
3. Street Address Principal Business Office 5 Collingwood Drive		City Cranston	State RI
4. Business Phone No. 401-739-7002		5. State of Incorporation Rhode Island	Zip 02921
6. SIC Code 8888			

7. Brief Description of the Character of Business Conducted in Rhode Island
Health Information Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Anthony Stabile			Vice President Name Same		
Street Address 5 Collingwood Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
8,000	No Par Value	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	6/10/04
Check No.	1004
By:	W.
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 of Officer
Anthony Stabile
Print or Type Name of Officer
President
Title of Officer
Date
April 15, 2004

Form 630 12/01