

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 \_\_\_\_\_ 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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1. Corporate ID No.	2 Name of Corpo	ration		-		
133323	GlobalMedi	D.com, Inc.				
3. Street Address Principal Bu		re	Crauston	Sinc R/	02421	
4. Hustness Phone No.   5. State		5. State of Incorporation RHODE ISLAN	у ор теограниям		6. SIC Carlo 9886	
7 Brief Description of the Cha HEALTH INFORMA	racter of Business Conducte		<u> </u>		7,7,0,0	
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9. NAMES AND ADDRE	 ESSES OF THE DIREC	TORS: ("X" BOX FOR A	: A <i>TTACHMENT</i> ) ☐ FILL IN	   SPACES BEFORE U	SING ATTACHMENTS	
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	<del>_</del> _	$\neg$	including any accom- contained herein are	panying schedules and s	tatements, and that all statements	
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11. (1		<del>-</del>	Signature of Officer		Jan 1 2005	
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FOR SECRETARY	OF STATE USE ONLY		Trysiallit	<del>-</del> 		
<del></del>			Title of Officer		Form 630 Rev. 12/03	



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

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Filing Period: January I FORM MUST BE TYPED IN		iling Fee: \$50.00			
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133323	GlobalMediC				
3. Street Address Principal Bis	Ilness Office	<del></del>	City	State	Zip
5 Collingwood Dr	ive		Cranston	RI	02921
4. Business Phone No.		5. State of Incorporation	<del>,</del>		6. SIC Code
401-739-7002		Rhode Island			8888
7. Brief Description of the Cha Health Information		ducted in Rhode Island			
8. NAMES AND ADDRES President Name Anthony Stabile	SSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)   FILL IN S Vice President Name Same	PACES BEFORE USING	TTACHMENTS
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9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT)   FILL IN Director Name	SPACES BEFORE USING	GATTACHMENTS
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his report must be sign	ed in ink by eithei	r the President, Vice Pr	esident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee
					(78m)
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		<del></del>	end that all statemen	g any accompanying sche ats commined herein are tr	dules and statements, . ue and correct.
File Date 610	04	.		26 /	eil 15 20
1001	, =		Signature of Officer	· · ·	Date
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. 1			Print or Type Name of		
9 <u>v:</u>		.	President		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	<del></del>	
			ime of Officer		Form 630 12/01