

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

. Corporate ID No. 121364	Amazing	f Corporation ingCharts.com, Inc.				
3. Street Address Principal Business Office 1130 Ten Rod Road, Suite F207			City North Kingstown	State RI	2ip 02852	
4. Business Phone No. 5. State of Incorporation 401-667-7661 Rhode Island			<u></u>	02832		
Brief Description of the Character To develop and distribu	te medical office	software.				
. NAMES AND ADDRESS	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Jonathan Bertman, M.D.			Vice President Name			
ireet Address			Jonathan Bertman, M.D.			
1130 Ten Rod Road, Suite F207			Street Address 1130 Ten Rod Road, Suite F207			
north Kingstown	State RI	Zip	Cuy	State	Zip	
cretary Name		02852	North Kingstown	Ri	02852	
Jonathan Bertman, M.D.			Treasurer Name Jonathan Bertman, M.D.			
1120 Ton Bod Bood Out 5007			Street Address			
1130 Ten Rod Road, Suite F207		1130 Ten Rod Road, Suite F207				
ny North Kingstown	State RI	^{Ζφ} 02852	City North Kingstown	State	Zip	
		CTORS: ("X" BOX FOR AT	North Kingstown	RI	02852	
		TO BOA FOR ALL	ACHMENT) FILL IN SI Director Name	ACES BEFORE USING	G ATTACHMENTS	
Jonathan Bertman, M.D.			None			
eet Address		<u> </u>	Street Address			
1130 Ten Rod Road, S						
y North Kingstown	State RI	Zip 02052	City	State	Zip	
rector Name	J	02852	* ************************************			
None			Director Name None			
reet Address			Street Address			
			•			
y	State	Zip	City	State	Zip	
SHARES AUTHORIZED	I]	!	1		
			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	n	
			100		Par Value	
			100	Common	\$0.01	
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s report must be executed	on behalf of the	e corporation by an authorized corporation by the receiver of	d representative. If the corpo	oration is in the hands	of a receiver or true	
_	- STATE OF CITE	corporation by the receiver of	n trustee.			

File Date	FILED
Check No.	MAR 0 2 2011
Ву:	1409
FOR SI	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	m that I have statements,	e examined this report and that all statements
Ut Tonation Berthan	N) I)	3-1-2011
Signature	Date	?
Jonathan Bertman, M.D.		
Print or Type Name		
President		
Title		