

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003403

FILED
Feb 27, 2004
Secretary of State

Entity Name: DOCTOR-DRIVEN SYSTEMS, INC.

Current Principal Place of Business:

20 WILLIAM STREET, SUITE 330
WELLESLEY, MA 02481

New Principal Place of Business:

Current Mailing Address:

20 WILLIAM STREET, SUITE 330
WELLESLEY, MA 02481

New Mailing Address:

FEI Number: 04-3542054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KRYDER, JOHN C M.D.
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: S () Delete
Name: MANLEY, LISA
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: T () Delete
Name: HIGGINS, WILLIAM J
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: D () Delete
Name: JANES, THOMAS
Address: ONE BOSTON PLACE
City-St-Zip: BOSTON, MA 02108

Title: D () Delete
Name: MARGUILES, DAVID
Address: 59 PINE RIDGE ROAD
City-St-Zip: WABAN, MA 02468

Title: D () Delete
Name: BENNETT, WILLIAM
Address: 149 COMMON STREET
City-St-Zip: DEDHAM, MA 02026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANSEN, DAVID N
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID N HANSEN

D

02/27/2004

Electronic Signature of Signing Officer or Director

_____ Date