

1.) CORPORATION NAME:

**NovaMed Corporation**

DUE DATE: **11/30/2011**

SCC ID NO: **F1399726**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 NUTMEG DRIVE

CITY/ST/ZIP: TRUMBULL, CT 06611-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT M CONSTANTINE  
TITLE: PRESIDENT  
ADDRESS: 30 NUTMEG DRIVE  
CITY/ST/ZIP/CO: TRUMBULL, CT 06611-

OFFICER

DIRECTOR

NAME: SUE E STANLEY  
TITLE: T/CFO  
ADDRESS: 30 NUTMEG DRD  
CITY/ST/ZIP/CO: TRUMBULL, CT 06611-

OFFICER

DIRECTOR

NAME: PAUL T HUNT  
TITLE: DIRECTOR  
ADDRESS: 30 NUTMEG DRIVE  
CITY/ST/ZIP/CO: TRUMBULL, CT 06611-

OFFICER

DIRECTOR

NAME: LISA L CONSTANTINE  
TITLE: SECRETARY  
ADDRESS: 30 NUTMEG DR  
CITY/ST/ZIP/CO: TRUMBULL, CT 06611-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT M CONSTANTINE  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

ROBERT M CONSTANTINE,  
PRESIDENT  
PRINTED NAME AND CORPORATE  
TITLE

11/28/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.