

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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**FORM D**  
NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

SEC MAIL RECEIVED  
APR 17 2003  
WASH. D.C. 155  
SECTION

OMB APPROVAL	
OMB Number: 3235-0076 Expires: May 21, 2002 Estimated average burden hours per form: 1	
SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)

**BERDY MEDICAL SYSTEMS, INC.**

Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE

Type of Filing:  New Filing  Amendment

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer (  check if this is an amendment and name has changed, and indicate change)

**BERDY MEDICAL SYSTEMS, INC.**

Address of Executive Offices (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Telephone Number (Including Area Code)

**(201) 291-2645**

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)

**SAME AS ABOVE**

Telephone Number (Including Area Code)

Brief Description of Business

**DEVELOPMENT OF AND LICENSING OF ELECTRONIC MEDICAL RECORD SOFTWARE.**

Type of Business Organization

corporation  limited partnership, already formed  other (please specify)

business trust  limited partnership, to be formed

**PROCESSED**  
**APR 21 2003**  
**THOMSON FINANCIAL**

Actual or Estimated Date of Incorporation or Organization

Month Year  
**10 91**

Actual  Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

**D E**

**GENERAL INSTRUCTIONS**

**Federal:**

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

*When to File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

*Filing Fee:* There is no federal filing fee.

**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

*Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.*

SEC 1572 (2-97)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or

Full Name (Last name first, if individual)

**BERDY, JACK M. M.D.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**HOLTMEIER, RICKARD**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**KOFF, BERNARD**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**HOFFMAN, MARK**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**SHEWMAKER, BRUCE**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**LABARBRA, VINCENT**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**BIDWELL, TRUMAN**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  
Managing Partner

Full Name (Last name first, if individual)

**LEWIS, STEPHEN H.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**PARK 80 WEST, PLAZA II, SUITE 200, SADDLE BROOK, NJ 07663**

**B. INFORMATION ABOUT OFFERING**

- |   |  |
|---|--|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  | Yes No<br><input type="checkbox"/> <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |  |
| 2. What is the minimum investment that will be accepted from any individual? .....  | <u>\$ 25,000</u>   |
| 3. Does the offering permit joint ownership of a single unit? .....   | Yes No<br><input checked="" type="checkbox"/> <input type="checkbox"/> |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |

Full Name (Last name first, if individual)

**vFINANCE INVESTMENTS, INC.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**ONE WEST FRONT STREET, RED BANK, NJ 07701**

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

All States

[AL]	[AK]	[AZ]	[AR]	<input checked="" type="checkbox"/> [CA]	[CO]	[CT]	[DE]	<input checked="" type="checkbox"/> [DC]	<input checked="" type="checkbox"/> [FL]	[GA]	[HI]	[ID]
<input checked="" type="checkbox"/> [IL]	[IN]	[IA]	[KS]	[KY]	<input checked="" type="checkbox"/> [LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	<input checked="" type="checkbox"/> [NJ]	[NM]	<input checked="" type="checkbox"/> [NY]	[NC]	[ND]	[OH]	[OK]	[OR]	<input checked="" type="checkbox"/> [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	<input checked="" type="checkbox"/> [WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]



MAR-31-2003 11:08

FROM-ADORNO & YOSS P.A.

+8547867800

T-225 P 008/018 F-281

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.b. This difference is the "adjusted gross proceeds to the issuer"

\$ 522,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-4 Question 4 b. above.

		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/>	\$ _____	\$ _____
Purchase of real estate	<input type="checkbox"/>	\$ _____	\$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$ _____	\$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$ _____	\$ _____
Acquisition of other businesses	<input type="checkbox"/>	\$ _____	\$ _____
Repayment of indebtedness	<input type="checkbox"/>	\$ _____	\$ _____
Working Capital	<input checked="" type="checkbox"/>	\$ _____	\$ 522,000
Other (specify):	<input type="checkbox"/>	\$ _____	\$ _____
Column Totals	<input type="checkbox"/>	\$ _____	\$ _____
Total Payments Listed (column totals added)		<input checked="" type="checkbox"/>	\$ 522,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
BERDY MEDICAL SYSTEMS, INC.		4/14/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
JACK M. BERDY, M.D.	CHIEF EXECUTIVE OFFICER	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

MAR-31-2003 11:08

FROM-ADORNO & VOSS P.A

+9547667800

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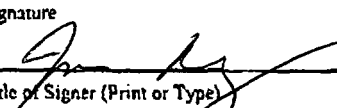
**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes  No

Answer also in Appendix, Column 2, if filing under ULOE.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (27 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to officers
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and undertakes that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <b>BERDY MEDICAL SYSTEMS, INC.</b>	Signature 	Date <b>4/14/03</b>
Name of Signer (Print or Type) <b>JACK M. BERDY, M.D.</b>	Title of Signer (Print or Type) <b>CHIEF EXECUTIVE OFFICER</b>	

**APPENDIX**

1 State	2 Intend to Sell to nonaccredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA			Notes/Common Warrants	2	\$125,000				
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL			Notes/Common Warrants	6	\$175,000				
IN									
IA									
KS									
KY									
LA			Notes/Common Warrants	2	\$75,000				
ME									
MD									
MA									
MI									
MN									
MS									
MO									

**APPENDIX**

1	2		3	4				5	
	Intend to Sell to nonaccredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ			Notes/Common Warrants	1	\$25,000				
NM									
NY			Notes/Common Warrants	3	\$87,500				
NC									
ND									
OH									
OK									
OR									
PA			Notes/Common Warrants	1	\$62,500				
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									