FORM D

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

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	<u> </u>						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	April 30, 2008						
Estimated average burden							
hours per respo	onse 16.00						

1411577

	SEC U	SE ONI	.Y
Prefix			Serial
	DATE F	RECEIVE	D

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offer and Sale of Stock of Enhanced Medical Decisions, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Ru	le 506 Secucina Secuc
Type of Filing: X New Filing Amendment	1 2007
A. BASIC IDENTIFICATION DATA	SEP 0 ** 2007 //
1. Enter the information requested about the issuer.	4
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Enhanced Medical Decisions, Inc.	200
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
38 Lakeview Avenue, Cambridge, MA 02138	(617) 491-0312
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
PROCESSED	
Brief Description of Business	
Healthcare services via the internet SEP 0 6 2007	1 (ADI)) BENT 1881 ADIN 1871 BETT 1871 ADIN 1811 BETT 1811 BETT 1811 BETT 1811 BETT 1811 BETT 1811 BETT 1811 B
02. 0 0 <u>1001</u>	
Type of Business Organization	
CIAIANOIAR	ase specify): 07076914
imited partnership, already formed NANCIAL other (ple	ase specify): 07076914
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization:	X 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 state 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.

Persons who 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.

l of 8

A. BASIC IDENTIFICATION DATA		
 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% Each executive officer and director of corporate issuers and of corporate general and managing partie. Each general and managing partner of partnership issuers. Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer 		suers; and General and/or
Full Name (Last name first, if individual)		Managing Partner
Beggelman, Marlene		
Business or Residence Address (Number and Street, City, State, Zip Code) 38 Lakeview Avenue, Cambridge, MA 02138		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	•	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet as necessary.)

			<u> </u>		В.	INFORMA	ATION AB	OUT OFF	ERING					
													Yes	No
ì.	Has the issuer							n this off eri	ng					X
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?														
2.	What is the m	inimum inv	estment the	at will be ac	cepted from	m any indiv	ridual?	****************	***************************************	**************	**************			00.00
2	Dogs the offer	ina namit	iaint anna	ohin of a si	nala waish								Yes	No
3. 4.	Does the offer Enter the info												\mathbf{X}	L
-7 .	remuneration person or ages than five (5) a dealer only.	for solicitat it of a brok	tion of purc er or deale	hasers in c registered	onnection with the S	with sales o EC and/or v	f securities with a state	in the offer or states, l	ring. If a point	erson to be e of the bro	listed is an ker or deal	associated er. If more		
Full	Name (Last na	me first, if i	individual)											
Nor	1e													
Bus	iness or Resider	nce Address	s (Number :	and Street,	City, State,	Zip Code)								
Nan	ne of Associated	Broker or	Dealer									,		
Stat	es in Which Per	son Listed	Has Solicit	ed or intend	s to Solicit	Purchasers								
	(Check "All S	tates" or ch	eck individ	lual States).				**************				************	All States	i
										·				
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) [MT]	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[мі] [он]	[MN] [OK]	[MS] [OR]	[MO]	
	[M1] [RI]	[SC]	[SD]	[NI]	[TX]	נאאן [עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PA] [PR]	
Full	Name (Last na			,				<u> </u>			L -3		[111]	
Bus	iness or Resider	nce Address	s (Number	and Street,	City, State,	Zip Code)								
Nan	ne of Associated	Broker or	Dealer		·									
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	Purchasen	s				-			
	(Check "All S	tates" or ch	eck individ	lual States).		****************		***************************************					All State	6
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[0]	
	[IL]	[1]	[IA]	[ĸs]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[мо]	
	[MT]	[NE]	[NV]	[NH]	[IN]	[NM]	[NY]	[NC]	[ND]	[он]	[ok]	[OR]	[PA]	
	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wi]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Bus	iness or Reside	nce Addres	s (Number	and Street,	City, State.	Zip Code)								
Nar	ne of Associate	d Broker or	Dealer			-								
Stat	es in Which Pe	rson Listed	Has Solici	ed or Inten	ds to Solici	t Purchaser	s							
	(Check "All S	tates" or ch	neck individ	iual States)		·······························		······································					All State	s
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]	
	[IL]	[IN]	[IA]	[ĸs]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[lN]	[NM]	[NY]	[NC]	[ND]	[он]	[ok]	[OR]	[PA]	
	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wı]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
		Aggregate			Amount Already
	Type of Security	Offering Price			Sold
	Debt\$	0.00	_ \$	_	0.00
	Equity\$	1,500,000.00	. \$	_	1,500,000.00
	X Common Preferred				
	Convertible Securities (including warrants)\$	0.00	_ \$	_	0.00
	Partnership Interests\$	0.00	_ \$	_	0.00
	Other (Specify)\$	0.00	_ \$	_	0.00
	Total\$	1,500,000.00	_ \$	_	1,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	12	\$		1,500,000.00
	Non-accredited Investors		- s	_	0.00
	Total (for filings under Rule 504 only)		- s	_	0.00
	Answer also in Appendix, Column 4, if filing under ULOE	<u> </u>	- "	-	0.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		N/.	A	
	Type of offering	Type of Security			Dollar Amount Sold
	Rule 505	0	_ \$	_	0.00
	Regulation A	0	_ \$	_	0.00
	Rule 504	0	_ \$		0.00
	Total	0	- \$		0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	_	
	Transfer Agent's Fees			\$	0.00
	Printing and Engraving Costs			\$	0.00
	Legal Fees		X	\$	10,000.00
	Accounting Fees			\$	0.00
	Engineering Fees	***************************************		\$	0.00
	Sales Commissions (specify finders' fees separately)	•••••		\$	0.00
	Other Expenses (identify) Blue Sky filing fees		$\left[\begin{array}{c} \\ \mathbf{X} \end{array}\right]$	\$	750.00
	(resum)		口	e	10.750.00

	C. OFFERING	PRICE, NUMBER OF INVESTO	RS, EXPENSE	SAN	D US	E OF PROCEEDS			
	Enter the difference between the agg and total expenses furnished in response to proceeds to the issuer."	Part C - Question 4.a. This differ	ence is the "adju	isted g	TOSS		**********	s .	1,489,250.00
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amount the box to the left of the estimate. The proceeds to the issuer set forth in response	t for any purpose is not known, furni- total of the payments listed must	sh an estimate a	nd che	ck				
	,					Payments to Officers, Directors & Affiliates			Payments To Others
	Salaries and fees	**************************************			\$	0.00		\$	0.00
	Purchase of real estate	·····			\$_	0.00		5	0.00
	Purchase, rental or leasing and install	ation of machinery and equipment	,		\$	0.00		\$	0.00
	Construction or leasing of plant build	lings and facilities		Ī	\$	0.00		S	0.00
	Acquisition of other businesses (incli	uding the value of securities involved	in this offering						
	that may be used in exchange for the issuer pursuant to a merger)		-	\Box	s	0.00		•	0.00
	Repayment of indebtedness			\exists	• - \$	0.00	H	·	0.00
	• •			H	•	0.00	汽	•	1,489,250.00
	Working capital Other (specify)	······································	***************************************	لــا	3 ~	0.00		•	1,489,250.00
	Outer (specify)								
		· ··			s _	0.00		S	0.00
	Column Totals			$\overline{\Box}$	5	0.00	х	S	1,489,250.00
	Total Payments Listed (column total)	added)			Ī	X \$ 1,	489,250	.00	
									,
		D. FEDERAL S	IGNATURE						
ar	ne issuer has duly caused this notice to be sign undertaking by the issuer to furnish to the U un-accredited investor pursuant to paragraph (S. Securities and Exchange Commiss							
Is	suer (Print or Type)	Signature				·	Date		
E	nhanced Medical Decisions, Inc.	MBC	_				Augu	تر st	2., 2007
N	ame of Signer (Print or Type)	Title of Signer (Print or Type	_		1				
_M	larlene Beggelman	President Marle	ne Be	35	<u>e/</u>	man			
				//					

END

ATTENTION -	
-------------	--

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