

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 634077 (2)
 1. Corporation Name
SOUTHERN HEALTH INFORMATION SYSTEMS, INC.



Principal Place of Business Mailing Address
580 WEST EIGHTH STREET **580 WEST EIGHTH STREET**
JACKSONVILLE FL 32209 **JACKSONVILLE FL 32209-8533**

3. Date Incorporated or Qualified: **08/29/1979** 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **59-1930530** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip Country Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
HARRISON, PHILIP R.
580 WEST 8TH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent
 81. Name: **Marcus E. Drewa**
 82. Street Address (P.O. Box Number is Not Acceptable): **580 West Eighth Street**
 83.
 84. City: **Jacksonville** FL 85. Zip Code: **32209**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, PHILIP R	
STREET ADDRESS	580 W. 8TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOTES, HENRY G	
STREET ADDRESS	937 N. MAIN STREET	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, ROBERT E.	
STREET ADDRESS	580 W. 8TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HATCH, MONROE C	
STREET ADDRESS	3120 HENDRICKS AVE.	
CITY - ST - ZIP	JAX, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John D. Cheatwood	
1.3 STREET ADDRESS	1006 Alhambra Drive, South	
1.4 CITY - ST - ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/22/97** 904-798-8200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)