

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 25 AM 11:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F93000004216 (8)**  
1. Corporation Name  
**HEALTH ECONOMICS CORPORATION**

Principal Place of Business      Mailing Address  
**3001 SPRING VALLEY RD  
STE 1000 EAST  
DALLAS TX 75244  
US**      **1600 PEACHTREE ST NW  
POB 4018  
ATLANTA GA 30309  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/15/1993**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

4. FEI Number      Applied For  
**75-1969157**      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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code  
**FL**

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 typed or printed name of registered agent and title if applicable      DATE Registered Agent signature required when registering      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, C.B. JR.</b>	12 NAME	
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	14 CITY - ST - ZIP	
TITLE	<b>VC</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGLAUGHLIN, D.W.</b>	22 NAME	
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	24 CITY - ST - ZIP	
TITLE	<b>PC</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERFMANN, R.O.</b>	32 NAME	
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	33 STREET ADDRESS	<b>P</b> <b>KOHL, D.J.</b> <b>3945 Merriweather Woods</b> <b>Alpharetta, Georgia</b>
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	34 CITY - ST - ZIP	
TITLE	<b>VP</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, N.L.</b>	42 NAME	
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	44 CITY - ST - ZIP	
TITLE	<b>VP</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSER, H.P.</b>	52 NAME	<b>V</b> <b>KENNEY, M.</b> <b>5100 Spring Valley</b> <b>Dallas, Texas</b>
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	54 CITY - ST - ZIP	
TITLE	<b>VP</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAGMEIER, J.H.</b>	62 NAME	
STREET ADDRESS	<b>1600 PEACHTREE STREET NW</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes; 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *John H. Stagmeier*      **John H. Stagmeier**      **04/20/95**      **404-885-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Type)

FA3000004216

# HEALTH ECONOMICS CORPORATION

1600 Peachtree Street, N.W.

Atlanta, Georgia 30309

## OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS
CHAIRMAN	Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
VICE CHAIRMAN	Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
SR. VICE PRESIDENT	James O. Perkins	950 Tiverton Lane, Alpharetta, Georgia
PRESIDENT	Daniel J. Kohl	3945 Merriweather Woods, Alpharetta, Georgia
SR. VICE PRESIDENT	Nancy L. Coleman	2104 Sandy Lane, Irving, Texas
VICE PRESIDENT	Michael Kenney	5100 Spring Valley, Dallas, Texas
VICE PRESIDENT/CNTRLR	Thomas C. Dubowski	2507 Creekdale, Carrollton, Texas
SECRETARY	Thomas H. Magia	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Ralph F. Haygood	1490 Dansford Court, Marietta, Georgia
ASST. TREASURER	Michael S. Shannon	121 Kirk Crossing, Decatur, Georgia

## DIRECTORS

NAME	RESIDENTIAL ADDRESS
Clarence B. Rogers, Jr.	2660 Peachtree Road, Atlanta, Georgia
Dan W. McGlaughlin	3430 Tuxedo Road, Atlanta, Georgia
Donald U. Hallman	2244 Spencer's Way, Stone Mountain, Georgia

\*\*\*ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN APRIL 1995\*\*\*