

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

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004622 (7)

1. Corporation Name

EQUIFAX HEALTHCARE INFORMATION SERVICES, INC.



Principal Place of Business

1600 PEACHTREE STREET NW
ATLANTA GA 30309

Mailing Address

1600 PEACHTREE STREET NW
ATLANTA GA 30309

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

04/25/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, JAMES O	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAYGOOD, RALPH F	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SHANNON, MICHAEL S	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAGIS, THOMAS H	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARTIN, JOAN A	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, C B JR	
STREET ADDRESS	1600 PEACHTREE STREET NW	
CITY - ST - ZIP	ATLANTA GA 30309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DANIEL J. KOHL	
1.3 STREET ADDRESS	3945 MERRIWETHER Woods	
1.4 CITY - ST - ZIP	ALPHARETTA, GA	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIETTA E. ZAKAS	
2.3 STREET ADDRESS	3085 E. Pine Valley Road	
2.4 CITY - ST - ZIP	Atlanta, GA	
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL G. SCHIRK	
3.3 STREET ADDRESS	1614 Alderbrook Road	
3.4 CITY - ST - ZIP	Atlanta, GA	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7235 Duncourtney Drive	
4.4 CITY - ST - ZIP	Atlanta, GA	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2224 Riada Drive	
5.4 CITY - ST - ZIP	Atlanta, GA	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2660 Peachtree Rd	
6.4 CITY - ST - ZIP	Atlanta, GA	

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 119.07(3)(k), 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:

J.H. Stachmeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

404-885-8000

Daytime Phone #

CR2E034 (12/95)

EQUIFAX HEALTHCARE INFORMATION SERVICES, INC.

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
PRESIDENT	Daniel J. Kohl	3945 Merriweather Woods, Alpharetta, Georgia
SR. VICE PRES.	Joseph E. Dawson	3540 Township Valley Court, Marietta, Georgia
SR. VICE PRES.	Morgan B. Guilford	6244 Broomsedge Trail, Norcross, Georgia
VICE PRESIDENT	Nancy N. Boyer	12 Parkwood Lane, Penefield, New York
VICE PRESIDENT	Michael E. Kenney	4216 Lavaca Drive, Plano, Texas
VICE PRESIDENT	John C. Rahiya	239 Woods Edge Court, Marietta, Georgia
VICE PRES./CNTRLR	Gary B. Redding	4109 Day Trail South, Ellenwood, Georgia
VICE PRESIDENT	William B. Fokes, III	2111 Shadwell Way, Lawrenceville, Georgia
VICE PRESIDENT	Mark A. Kulik	3624 Sope Creek Farm, Marietta, Georgia
SECRETARY	Thomas H. Magis	7235 Duncourtney Drive, Atlanta, Georgia
ASST. SECRETARY	Joan A. Martin	2224 Riada Drive, Atlanta, Georgia
TREASURER	Marietta E. Zakas	3085 E. Pine Valley Road, Atlanta, Georgia
ASST. TREASURER	Michael G. Schirk	1614 Alderbrook Road, Atlanta, 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 1996