

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003877**

1. Entity Name

**EXTENDED CARE INFORMATION NETWORK, INC.**

Principal Place of Business

**2100 SANDERS ROAD  
STE 120  
NORTHBROOK IL 60062**

Mailing Address

**2100 SANDERS ROAD  
STE 120  
NORTHBROOK IL 60062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KERBER, SCOTT D	
STREET ADDRESS	2100 SANDERS RD STE 120	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT T. MACOMBER	
STREET ADDRESS	2100 SANDERS RD, STE 120	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERY A. SURGES	
STREET ADDRESS	2100 SANDERS RD, STE 120	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHED LIST OF DIRECTORS	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90137 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4016836** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

CR2E034 (10/00)

Attachment

Doc. # F99000003877  
D0040821

Extended Care Information Network, Inc.  
FEIN: 36-4016836  
4/01

Executive Officers

Jeffery A. Surges  
2100 Sanders Rd., Suite 120  
Northbrook, IL 60062  
President & CEO

Scott D. Kerber  
2100 Sanders Rd., Suite 120  
Northbrook, IL 60062  
Sr. Vice President & CTO

Scott T. Macomber  
2100 Sanders Rd., Suite 120  
Northbrook, IL 60062  
Sr. Vice President & CFO, Secretary & Treasurer

Directors

Glen Tullman, Chairman  
Allscripts, Inc.  
2401 Commerce Dr.  
Libertyville, IL 60048-4464

D, C

Tasso Coin  
55 W. Monroe  
Suite 500  
Chicago, IL 60603

D

Ian Larkin  
William Blair & Company  
222 W. Adams St.  
Chicago, IL 60606

D

David Mullen  
Allscripts, Inc.  
2401 Commerce Dr.  
Libertyville, IL 60048-4464

D

David G. O'Neill  
William Blair & Company  
222 W. Adams St.  
Chicago, IL 60606

D

Jeffery A. Surges  
2100 Sanders Rd., Suite 120  
Northbrook, IL 60062

✓

Louis Werman  
2100 Sanders Rd., Suite 120  
Northbrook, IL 60062

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