

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05822 (2)

1. Corporation Name
MEDIC COMPUTER SYSTEMS, INC.



Principal Place of Business 8601 SIX FORKS ROAD SUITE 300 RALEIGH NC 27615	Mailing Address 8601 SIX FORKS ROAD SUITE 300 RALEIGH NC 27615
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/26/1985	
4. FEI Number 56-1306083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 or officer if applicable) (NOTE - Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JOHN P.	
STREET ADDRESS	8601 SIX FORKS ROAD SUITE 300	
CITY-ST-ZIP	RALEIGH NC	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JOHN P.	
STREET ADDRESS	8601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRICE, MARK L	
STREET ADDRESS	110 WILD BASIN ROAD SUITE 300	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANTHONY, G. MICHAEL	
STREET ADDRESS	8601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	ROTH, LUANNE L.	
STREET ADDRESS	8601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SELLERS, ERIC W	
STREET ADDRESS	8601 SIX FORKS ROAD SUITE 300	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

see attached list

14. 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 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 _____ DATE **5/1/98** 919 847-8102

CR2E034 (10/97)

3/11/98

MEDIC COMPUTER SYSTEMS, INC.
Raleigh, North Carolina

Board of Directors

Michael Kevin O'Leary President and CEO Director	President and CEO Medic Computer Systems	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
Alan W. Winchester Director	President, Clinical Products Division Medic Computer Systems	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
John McConnell	Director	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
John Gilbert Sussens	Director	Misys PLC 14 Floral Street London WC2E 9DH
Kevin Lomax	Director	Misys PLC Burleigh House Chapel Oak Salford Priors Worcestershire WR11 5SH

Corporate Officers and Operating Company Executives

Michael K. O'Leary	President and Chief Executive Officer	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
G. Michael Anthony	Vice President Engineering	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
Kenneth B. Howard	Vice President Sales and Marketing	Medic Computer Systems 8601 Six Forks Road Suite 300

		Raleigh, NC 27615
Luanne L. Roth	Vice President Chief Financial Officer, Secretary and Treasurer	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
Thomas K. Skelton, Jr.	Vice President Research & Development	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615
Alan W. Winchester	President Clinical Products Division	Medic Computer Systems 8601 Six Forks Road Suite 300 Raleigh, NC 27615