

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90102 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P05822

1. Corporation Name
MEDIC COMPUTER SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 8601 SIX FORKS ROAD 8601 SIX FORKS ROAD
 SUITE 300 SUITE 300
 RALEIGH NC 27615 RALEIGH NC 27615

3. Date Incorporated or Qualified
04/26/1985

4. FEI Number Applied For
56-1306083 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 owes the current year Intangible Personal Property Tax. Yes No

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

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	O'LEARY, MICHAEL KEVIN	
STREET ADDRESS	8601 SIX FORKS RD, STE 300	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JOHN	
STREET ADDRESS	8601 SIX FORKS ROAD, SUITE 300	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMAX, KEVIN	
STREET ADDRESS	BURLEIGH HOUSE, CHAPEL OAK, SALFORD PRIORS	
CITY-ST-ZIP	WORCHESTERSHIRE WR11 5SH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUSSENS, JOHN GILBERT	
STREET ADDRESS	14 FLORAL ST	
CITY-ST-ZIP	LONDON WC2E 9DH	
TITLE	VPE	<input type="checkbox"/> DELETE
NAME	ANTHONY, G. MICHAEL	
STREET ADDRESS	8601 SIX FORKS ROAD, SUITE 300	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VPSM	<input type="checkbox"/> DELETE
NAME	HOWARD, KENNETH B	
STREET ADDRESS	8601 SIX FORKS ROAD, SUITE 300	
CITY-ST-ZIP	RALEIGH NC 27615	

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	

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Mar 99 919-848-5740
 Date Daytime Phone #

CR2E034 (1.1/98)