FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28310** **(1)**

1. Corporation Name
MEDAPHIS PHYSICIAN SERVICES CORPORATION

Principal Place of Business	Mailing Address
2700 CUMBERLAND PKWY STE 300 ATLANTA GA 30339	2700 CUMBERLAND PKWY STE 300 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1990**
3a. Date of Last Report: **02/18/1994**

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

4. FEI Number: **58-1953146** ☐ Applied For ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
Title	CD	Title	☐ Change ☐ Addition
Name	BROWN, RANDOLPH G.	Name	
Street Address	2700 CUMBERLAND PKWY 300	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	KAZMARSKI, GENE P.	Name	
Street Address	2700 CUMBERLAND PKWY 300	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	VD	Title	DICED ☒ Change ☐ Addition
Name	KILGALLON, TIMOTHY J.	Name	
Street Address	2700 CUMBERLAND PKWY 300	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	VS	Title	☐ Change ☐ Addition
Name	TOPPER, PAMELA S	Name	
Street Address	2700 CUMBERLAND PKWY 300	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	VPD	Title	☐ Change ☐ Addition
Name	COTE, MICHAEL R.	Name	
Street Address	2700 CUMBERLAND PKWY 300	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	VT	Title	T ☒ Change ☐ Addition
Name	ALEXANDER, G EDWARD	Name	Caryn S. Dickerson
Street Address	2700 CUMBERLAND PKWY 300	Street Address	2700 Cumberland Pkwy., Ste. 300
City-St-Zip	ATLANTA GA	City-St-Zip	Atlanta, GA 30339

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)(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 (changed, added or deleted) above or on an attachment with an address.

SIGNATURE: Pamela S. Topper PAMELA S. TOPPER 4/19/95 (404)784-3300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (see 14) Date Daytime Phone #

039280 FP