2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90002 015 ***150.00

DOCUMENT # P28310

1. Entity Name

MEDAPHIS PHYSICIAN SERVICES CORPORATION

Principal Place of Business	Mailing Address
2700 CUMBERLAND PARKWAY SUITE 300 ATLANTA GA 30339	2700 CUMBERLAND PARKWAY SUITE 300 ATLANTA GA 30339-3321

C0024786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2840 Mt. Wilkinson Parkway Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State
Zip: 30339 Country: USA	Zip Country

4. FEI Number 58-1953146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RITCHIE, ALLEN W 2700 CUMBERLAND PARKWAY., STE 300 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVSD HUTTO, RANDOLPH L M 2700 CUMBERLAND PARKWAY., STE 300 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XVCF TANNER, WAYNE A 2700 CUMBERLAND PARKWAY., STE 300 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DICKERSON, CARYN S 2700 CUMBERLAND PARKWAY., STE 300 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP CASTLE, KEVIN P 2700 CUMBERLAND PARKWAY, SUITE 300 ATLANTA GA 30339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP DEZONIA, WILLIAM J 2700 CUMBERLAND PARKWAY, SUITE 300 ATLANTA GA 30339	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Randolph L.M. Hutto 1/31/00 770-444-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #