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**Mar 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000055815 (0)

**1. Corporation Name
MEDISOFT, INC.**



**Principal Place of Business Mailing Address
2106 DREW STREET 2106 DREW STREET
SUITE 103 SUITE 103
CLEARWATER FL 34625 CLEARWATER FL 34625-3290**

3. Date Incorporated or Qualified 07/01/1986
3a. Date of Last Report
4. FEI Number 59-3395618
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

2. Principal Place of Business 2a. Mailing Address
21 2106 DREW ST., STE 103 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 23 CLEARWATER FL 27
City & State City & State
24 34625 25 PINELLAS 29 30
Zip Country Zip Country

9. Name and Address of Current Registered Agent
DICKSON, L. JAMES
13577 FEATHER SOUND DRIVE SUITE 190
FEATHER SOUND CORPORATE CENTER II
CLEARWATER FL 34622

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 _____ **DATE** _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE
TITLE D
NAME DRESDEN, SCOTT C
STREET ADDRESS 10 OLD JACKSON HIGHWAY NO. 48
CITY-ST-ZIP HASTINGS ON HUDSON NY 10708
TITLE TREASURER DELETE
NAME MELINDA R. MILLER
STREET ADDRESS 2106 DREW STREET, STE 103
CITY-ST-ZIP CLEARWATER FL 34625
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRES., SEC. + DIRECTOR Change Addition
1.2 NAME
1.3 STREET ADDRESS 2755 Bullard Drive
1.4 CITY-ST-ZIP Clearwater, FL 34625
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Melinda R. Miller **MELINDA R. MILLER** **03/17/97** **813/442-0445**
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)