

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V71562** (5)  
1. Corporation Name  
**ISIS HEALTH SYSTEMS, INC.**



Principal Place of Business: **7113 UNIVERSITY BLVD. WINTER PARK FL 32792 US**  
Mailing Address: **9610 ABBOTT CT. ORLANDO FL 32817**

3. Date Incorporated or Qualified: **10/12/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **7113 UNIVERSITY BLVD**  
2a. Mailing Address: **9610 ABBOTT CT.**  
21. Suite, Apt. #, etc.:  
22. City & State: **WINTER PARK, FL**  
23. Zip: **32792** Country: **US**

4. FEI Number: **59-3146372**  
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  
**BELGERI, KATHLEEN M.  
9610 ABBOTT CT.  
ORLANDO FL 32817**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when not sitting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PCEO</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BELGERI, KATHLEEN M.</b>		1.2 NAME:
STREET ADDRESS: <b>9610 ABBOTT CT</b>		1.3 STREET ADDRESS:
CITY-ST-ZIP: <b>ORLANDO FL 32817</b>		1.4 CITY-ST-ZIP:
TITLE: <b>VS</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>RALEY, JANE MARIE</b>		2.2 NAME:
STREET ADDRESS: <b>10055 UNIVERSITY BLVD</b>		2.3 STREET ADDRESS:
CITY-ST-ZIP: <b>ORLANDO FL 32817</b>		2.4 CITY-ST-ZIP:
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REICH, SHELDON</b>		3.2 NAME:
STREET ADDRESS: <b>8501 NW 24TH CT</b>		3.3 STREET ADDRESS:
CITY-ST-ZIP: <b>PEMBROKE PINES FL 33024</b>		3.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

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)(k), 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: Kathleen M. Belgeri **KATHLEEN M. BELGERI** 4/30/96 **(407) 678-7118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)