FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000005410 (6)**

1. Corporation Name

HEALTHCARE COMPUTER SYSTEMS, INC.

Principal Place of Business
10 COBURG ROAD
EUGENE OR 97401

Mailing Address
10 COBURG ROAD
EUGENE OR 97401

3. Date Incorporated or Qualified: **11/29/1993**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2722 S. FAIRVIEW
Suite, Apt. #, etc.
27
City & State
28 SANTA ANA, CA
Zip 29 92704 Country 30 U.S.

4. FEI Number: **93-1118108** 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

PRENTICE-HALL CORP. 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's signature is required when no change) — DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	TULIO, DOUGLAS J	
STREET ADDRESS	901 SUMMIT DRIVE	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	
TITLE	CFOD	☒ DELETE
NAME	MURRAY, JOHN D	
STREET ADDRESS	6196 SADDLETREE LANE	
CITY-ST-ZIP	YORBA LINDA CA 92868	
TITLE	D	☐ DELETE
NAME	GLADE, JOHN F	
STREET ADDRESS	5934 WEST VIEW DRIVE	
CITY-ST-ZIP	ORANGE CA 92669	
TITLE	S	☒ DELETE
NAME	WRIGHT, DEBRA J	
STREET ADDRESS	488 AZALEA	
CITY-ST-ZIP	EUGENE OR	
TITLE	P	☒ DELETE
NAME	MOORE, R L	
STREET ADDRESS	2246 BIRCHWOOD	
CITY-ST-ZIP	EUGENE OR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, C	☒ Change ☐ Addition
1.2 NAME	DOUGLAS J. TULIO	
1.3 STREET ADDRESS	901 SUMMIT DRIVE	
1.4 CITY-ST-ZIP	LAGUNA BEACH, CA	
2.1 TITLE	CFO, D, V	☒ Change ☒ Addition
2.2 NAME	MICHAEL J. LOWELL	
2.3 STREET ADDRESS	32942 BARQUE WAY	
2.4 CITY-ST-ZIP	DANA POINT, CA	
3.1 TITLE	V.S.D	☒ Change ☐ Addition
3.2 NAME	JOHN F. GLADE	
3.3 STREET ADDRESS	5934 WEST VIEW DRIVE	
3.4 CITY-ST-ZIP	ORANGE, CA	
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 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: X Michael J. Lowell, V.P. & C.F.O — 4/10/96 — (714) 957-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)