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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS																																																																																																													
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PERSONALIZED PROGRAMMING, INC. MEDICAL MANAGER RESEARCH & DEVELOPMENT, INC.																																																																																																															
Principal Place of Business 15151 NW 99TH ST RT 3 BOX 90 NW 22ND ALACHUA FL 32615 US		Mailing Address C/O MICHAEL A SINGER RT 3 BOX 90 NW 22ND ALACHUA FL 32615-9577																																																																																																													
2. Principal Place of Business 21 15151 NW 99th Street Suite, Apt. #, etc. 22 City & State 23 Alachua, FL Zip 24 32615 Country 25 USA		2a. Mailing Address 26 C/O Frederick B. Karl, Jr. 15151 NW 99th Street Suite, Apt. #, etc. 27 City & State 28 Alachua, FL Zip 29 32615 Country 30 USA																																																																																																													
9. Name and Address of Current Registered Agent SINGER, MICHAEL A RT 3 BOX 90 NW 22ND ALACHUA FL 32615		10. Name and Address of New Registered Agent 81 Name Frederick B. Karl, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 15151 NW 99th Street 83 84 City Alachua FL 85 Zip Code 32615																																																																																																													
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: <i>[Signature]</i> FREDERICK B. KARL, JR. VICE PRES + COO 5-13-97 Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) COUNSEL DATE																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>SINGER, MICHAEL A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15151 NW 99TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BURNS, TERRY R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15151 NW 99TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>FREDERICK KARL, JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15151 NW 99TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>GARTEE, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1620 NW 16 TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	☐ DELETE	NAME	SINGER, MICHAEL A.		STREET ADDRESS	15151 NW 99TH ST		CITY-ST-ZIP	ALACHUA FL		TITLE	DST	☐ DELETE	NAME	BURNS, TERRY R		STREET ADDRESS	15151 NW 99TH ST		CITY-ST-ZIP	ALACHUA FL		TITLE	V	☐ DELETE	NAME	FREDERICK KARL, JR.		STREET ADDRESS	15151 NW 99TH STREET		CITY-ST-ZIP	ALACHUA FL		TITLE	V	☒ DELETE	NAME	GARTEE, RICHARD		STREET ADDRESS	1620 NW 16 TERR		CITY-ST-ZIP	GAINESVILLE FL		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>T ☒ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>VSD ☒ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>KARL, FREDERICK B., JR.</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>D ☐ Change ☒ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>KANG, JOHN</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>3001 N ROCKY POINT DRIVE E, SUITE 100</td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	T ☒ Change ☐ Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	VSD ☒ Change ☐ Addition	3.2 NAME	KARL, FREDERICK B., JR.	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	D ☐ Change ☒ Addition	5.2 NAME	KANG, JOHN	5.3 STREET ADDRESS	3001 N ROCKY POINT DRIVE E, SUITE 100	5.4 CITY-ST-ZIP	TAMPA, FL 33607	6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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CR2E034 (9/96)

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: *[Signature]* **FREDERICK B. KARL, JR. V.P.** **3/24/97 (904) 462-2148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone