2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004634

Entity Name: MEDSHAPE, INC.

Current Principal Place of Business:

1575 NORTHSIDE DRIVE NW

STE 440

ATLANTA, GA 30318

Current Mailing Address:

1575 NORTHSIDE DRIVE NW STE 440

ATLANTA, GA 30318 US

FEI Number: 26-0578145 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

FILED Feb 28, 2019

Secretary of State

3542680346CC

Officer/Director Detail:

PCEO Title Title DS

JACOBUS, J.KURT GALL, KENNETH A Name Name

1575 NORTHSIDE DRIVE NW Address 1575 NORTHSIDE DRIVE NW Address

City-State-Zip: ATLANTA GA 30318 City-State-Zip: ATLANTA GA 30318

Title С Title DT

DANE, GREGORY S Name NOBLITT, NILES Name

1575 NORTHSIDE DRIVE NW Address 1575 NORTHSIDE DRIVE NW Address

City-State-Zip: ATLANTA GA 30318 City-State-Zip: ATLANTA GA 30318

Title D Title

Name KOHRS, DOUGLAS W Name HILLS, PAUL F

1575 NORTHSIDE DRIVE NW Address Address 1575 NORTHSIDE DRIVE NW

City-State-Zip: ATLANTA GA 30318 City-State-Zip: ATLANTA GA 30318

Title D Title

Name STRIPE, DENNIS D Name HILLS. THOMAS E

Address 1575 NORTHSIDE DRIVE NW Address 1575 NORTHSIDE DRIVE NW

STE 440 STE 440

City-State-Zip: ATLANTA GA 30318 City-State-Zip: ATLANTA GA 30318

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. KURT JACOBUS

PRESIDENT & CEO

02/28/2019