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 # **822696** **(1)**

1. Corporation Name

SHARED MEDICAL SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
51 VALLEY STREAM PARKWAY MALVERN PA 19355	51 VALLEY STREAM PARKWAY MALVERN PA 19355

3. Date Incorporated or Qualified: **04/28/1969**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **23-1704148** — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1502, 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, thereby authorizing the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	KYLE, TERRANCE		1 NAME	
STREET ADDRESS	51 VALLEY STREAM PKWY		1 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA		1 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	P ☒ Change ☐ Addition
NAME	CADWELL, MARVIN S		2 NAME	Cadwell, Marvin S.
STREET ADDRESS	51 VALLEY STREAM PKWY.		2 STREET ADDRESS	51 Valley Stream Pkwy
CITY-ST-ZIP	MALVERN PA 19355		2 CITY-ST-ZIP	Malvern PA 19355
TITLE	D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	MACALEER, R JAMES		3 NAME	
STREET ADDRESS	51 VALLEY STREAM PKWY		3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA		3 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	WESTON, JOSH S.		4 NAME	
STREET ADDRESS	217 CHRISTOPHER STREET		4 STREET ADDRESS	
CITY-ST-ZIP	MONT CLAIR NJ		4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	KELLY,JAMES C.		5 NAME	
STREET ADDRESS	51 VALLEY STREAM PKWY		5 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA		5 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	DETURK, FREDERICK W		6 NAME	
STREET ADDRESS	1705 FONTNAY PLACE		6 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NC		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete and accurate and, for those corporations subject to Section 607.1501, Florida Statutes, 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 added, above.

SIGNATURE: Terrence W. Kyle, Treasurer 4/5/96 610-219-3479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)