

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
04-23-2001 90162 017 \*\*\*150.00

**DOCUMENT # 822696**

1. Entity Name

**SHARED MEDICAL SYSTEMS CORPORATION**

Principal Place of Business

**51 VALLEY STREAM PARKWAY  
MALVERN PA 19355**

Mailing Address

**51 VALLEY STREAM PARKWAY  
MALVERN PA 19355**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1704148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KYLE, TERRANCE</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PKWY</b>	
CITY-ST-ZIP	<b>MALVERN PA</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CADWELL, MARVIN S</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PKWY</b>	
CITY-ST-ZIP	<b>MALVERN PA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MACALEER, R JAMES</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PKWY</b>	
CITY-ST-ZIP	<b>MALVERN PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GRADY, EDWARD J III</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN PA 19355</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLY, JAMES C.</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PKWY</b>	
CITY-ST-ZIP	<b>MALVERN PA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DETURK, FREDERICK W</b>	
STREET ADDRESS	<b>1705 FONTNAY PLACE</b>	
CITY-ST-ZIP	<b>WILMINGTON NC</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANS MEHL</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN, PA. 19355</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK LAUELLE</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN, PA. 19355</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERICH REINHARDT</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN, PA 19355</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNIE SHUMAN</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN, PA 19355</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOM MCCAUSLAND</b>	
STREET ADDRESS	<b>51 VALLEY STREAM PARKWAY</b>	
CITY-ST-ZIP	<b>MALVERN, PA. 19355</b>	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD J. GRADY, III**

Date

**4-12-01**

Daytime Phone #

**610-219-4644**

CR2E034 (10/00)