SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $670)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850326** **(0)**

1. Corporation Name
COMMUNITY HEALTH COMPUTING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5 GREENWAY PLAZA, SUITE 1900 HOUSTON TX 77046	5 GREENWAY PLAZA, SUITE 1900 HOUSTON TX 77046

3. Date Incorporated or Qualified: **09/10/1981**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **74-1656901** ☐ 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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	EDMONDSON, JOHN	1.2 NAME		
STREET ADDRESS	6729 WESTCHESTER	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77005	1.4 CITY-ST-ZIP		
TITLE	~~VPSD~~	2.1 TITLE	V	☒ Change ☒ Addition
NAME	~~ALLGORN, A. DEAN~~	2.2 NAME	MITCHELL, LESLIE J.	
STREET ADDRESS	~~6529 LINDYANN~~	2.3 STREET ADDRESS	3411 OAKLAND DR.	
CITY-ST-ZIP	~~HOUSTON TX 77008~~	2.4 CITY-ST-ZIP	SUGAR LAND, TX 77479	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	DOMINGUE, JOHNNIE	3.2 NAME		
STREET ADDRESS	13814 WOODTHORPE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77079	3.4 CITY-ST-ZIP		
TITLE	~~VD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~FERGUSON, JOSEPH G~~	4.2 NAME		
STREET ADDRESS	~~904 WESTCOTT, APT. 334~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOUSTON TX 77007~~	4.4 CITY-ST-ZIP		
TITLE	VPTD	5.1 TITLE	V/T/S/D	☒ Change ☐ Addition
NAME	SMITH, R. GREG	5.2 NAME		
STREET ADDRESS	6507 PEBBLE BEACH	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77069	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V/D	☐ Change ☒ Addition
NAME		6.2 NAME	MURPHY, JOHN E.	
STREET ADDRESS		6.3 STREET ADDRESS	340 YELLOWMONT LANE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DUNWOODY, GA 30350	

CR2E034 (3/95)

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)(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: R. Greg Smith R. Greg Smith VP FINANCE & CFO 29-JUNE-95 (713) 850-2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017000 FF