**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

# PROFIT CORPORATION ANNUAL REPORT 1996

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

**DOCUMENT # 850326 (0)**

1. Corporation Name

**ADAC HEALTHCARE INFORMATION SYSTEMS, INC.**

Principal Place of Business
5 GREENWAY PLAZA. SUITE 1900
HOUSTON TX 77046

Mailing Address
5 GREENWAY PLAZA. SUITE 1900
HOUSTON TX 77046

3. Date Incorporated or Qualified: 09/10/1981
3a. Date of Last Report: 07/11/1995
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

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

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

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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | VD | ☒ DELETE |
| NAME | EDMONDSON, JOHN | |
| STREET ADDRESS | 6729 WESTCHESTER | |
| CITY-ST-ZIP | HOUSTON TX 77005 | |
| TITLE | V | ☒ DELETE |
| NAME | MITCHELL, LESLIE J | |
| STREET ADDRESS | 3411 OAKLAND DR | |
| CITY-ST-ZIP | SUGARLAND TX | |
| TITLE | PD | ☒ DELETE |
| NAME | DOMINGUE, JOHNNIE | |
| STREET ADDRESS | 13814 WOODTHORPE | |
| CITY-ST-ZIP | HOUSTON TX 77079 | |
| TITLE | VD | ☒ DELETE |
| NAME | MURPHY, JOHN E | |
| STREET ADDRESS | 340 YELLOWROOT LANE | |
| CITY-ST-ZIP | DUNWOODY GA | |
| TITLE | VSTD | ☐ DELETE |
| NAME | SMITH, R. GREG | |
| STREET ADDRESS | 6507 PEBBLE BEACH | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | P | ☐ Change ☒ Addition |
| 1.2 NAME | LAMP, MARK A | |
| 1.3 STREET ADDRESS | 5433 TUPPER LAKE DR | |
| 1.4 CITY-ST-ZIP | HOUSTON, TX 77056 | |
| 2.1 TITLE | V | ☐ Change ☒ Addition |
| 2.2 NAME | DEANE, NEL | |
| 2.3 STREET ADDRESS | 1903 MONT FORREST | |
| 2.4 CITY-ST-ZIP | KINGWOOD, TX 77345 | |
| 3.1 TITLE | C | ☐ Change ☒ Addition |
| 3.2 NAME | CZERWINSKI, STANLEY D | |
| 3.3 STREET ADDRESS | 10544 CLEARWOOD CT | |
| 3.4 CITY-ST-ZIP | LOS ANGELES, CA | |
| 4.1 TITLE | D | ☐ Change ☒ Addition |
| 4.2 NAME | LOWE, DAVID L | |
| 4.3 STREET ADDRESS | 44 GOLF RD | |
| 4.4 CITY-ST-ZIP | PLEASANTON, CA 94566 | |
| 5.1 TITLE | VT | ☐ Change ☐ Addition |
| 5.2 NAME | 300001931403 -08/26/96--01008--003 ***333.75 | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | A-S | ☐ Change ☒ Addition |
| 6.2 NAME | STARR, ROBERT A | |
| 6.3 STREET ADDRESS | 305B MCCORMICK DR | |
| 6.4 CITY-ST-ZIP | CAPITOLA, CA 95010 | |

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)(k), 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 VP Finance & CFO — 8/9/96 — (713) 960-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

## ADAC HealthCare Information Systems, Inc.

### Officers

| | |
|---|---|
| Stanley D. Czerwinski<br>10544 Clearwood Court<br>Los Angeles, CA 90077 | Chairman of the Board<br>SS# 199-26-2839 |
| David L. Lowe<br>44 Golf Road<br>Pleasanton, CA 94566 | Chief Executive Officer<br>SS# 558-72-8370 |
| Mark L. Lamp<br>5433 Tupper Lake Dr.<br>Houston, TX 77056 | President<br>SS# 124-52-6122 |
| Mel Deane<br>1903 Mont Forest<br>Kingwood, TX 77345 | Vice-President, Operations<br>SS# 396-06-7030 |
| R. Greg Smith<br>6507 Pebble Beach<br>Houston, TX 77069 | Vice-President, CFO, Treasurer<br>SS# 452-21-4765 |
| Robert A. Starr<br>305B McCormick Dr.<br>Capitola, CA 95010 | Assistant Secretary<br>SS# 545-31-2147 |

## ADAC HealthCare Information Systems, Inc.

### Board of Directors

| | |
|---|---|
| Stanley D. Czerwinski<br>10544 Clearwood Court<br>Los Angeles, CA 90077 | Chairman of the Board<br>SS# 199-26-2839 |
| David L. Lowe<br>44 Golf Road<br>Pleasanton, CA 94566 | Director<br>SS# 558-72-8370 |
| Robert L. Miller<br>One Bush Street #1100<br>San Francisco, CA 94104 | Director<br>SS# 062-40-6802 |