FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

CITY - S1 - ZIP

SIGNATURE:

DOCUMENT # 850326

(0)

ADAC HEALTHCARE INFORMATION SYSTEMS, INC.

Principal Place of Business Mailing Address 5 GREENWAY PLAZA, SUITE 1800 5 GREENWAY PLAZA, SUITE HOUSTON TX 77046 HOUSTON TX 77046-0500													
										Date Incorporated or Qualified 09/10/1981		ate of Last R /23/1996	eport
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		Ar	oplied For	
21				26						74-1656901			ot Applicable
Suite, Apt. #, efc				Suite Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 A	Additional equired	
City & State				City & State				+_	Election Campaign Financing			·	
23				28					•	Trust Fund Contribution			May Be to Fees
Zip Country			·	Zip Country			,		- l a.	This corporation has liability for i	intangible		
24	25			29 30						Florida Statutes Yes No			
	9, Name	end Address of Curr	ent Registe	red Agent			y		10.	Name and Address of New Re	gistered	Agent	
CT	CORPORATI	ON SYSTEM				81	N	ame					
120	o S. Pine is				82 Street Add			ress (P	P.O. Box Number is Not Acceptab	ole)			
PLANTATION FL 33324													
						83	l						
						84	С	ity		······································	——————————————————————————————————————	85 Zip	Code
				- 4500 E	<u> </u>	للل	L		- 43 -		FL	•	
11. Pursuant office or r	to the provision registered ago	ons of Sections 607.05 ont, or both, in the Sta	502 and 601 to of Florida	7.1508, Florida i 3. Such change	Statutes, the was author	e above ized by	e-na / the	imed corp corporati	oration tion's b	n submits this statement for the popular of directors. I hereby accept	ourpose o	it changing it pointment as	is registered registered
agent. La	ra familiar will	h, and accept the obli	gations of,	Section 607.05	05, Florida S	Statutes	S.	•		•	•		
SIGNATURE				,	/NO to the						DATE		
12.	Signed Afterna	y printed hall we or registered a OFFICERS A				3.	arii siç	gnature require		ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	3S IN 12
TITLE	P			DELET		1 TITLE						Change	Addition
NAME	LAMP, MA	ARK A			1 1	.2 NAME		1					
STREET ADDRESS 5433 TUPPER LAKE DR.				13STR			ADD	RESS					
011V - S1 - 7(P	HOUSTON	N TX 77056			1	A CITY-S	T - ZIF	.					
TITLE	V			DELE		1 TITLE				7		Change	☐ Addition
NAME	DEANE, N				2	2 NAME							
STREET ADDRESS		NT FOREST			2	3 STREET	ADD	RESS					
CITY-ST-ZIP		D TX 77345			2	. 4 CITY - 5	ST-ZI	P					
111LE	C			☐ DELET	TE 3	.1 TITLE						Change	☐ Addition
NAMI		ISKI, STANLEY D				2 NAME							
STREET ADDRESS		EARWOOD CT.			3.	3 STREET	ADD	ress					ļ
CITY - ST - Z/P	LOS ANG	ELES UA				4. CITY - 5	ST - ZI	P				T-1 60	111111
TITLE	D	NAD I		☐ DELET		.1 TITLE						Change	Addition
NAME	LOWE, DA					. 2 NAME							
STREET ADDRESS	44 GOLF				1	3 STREET		í					
0:17 - S* - 7:P	VT	TON CA 94566		DELE		4 CITY-S	(- Z)	-	·····			Change	☐ Addition
TITLE NAME	SMITH, R	GREG		- IV.		.1 TITLE .2 NAME						T Attende	- Family
NAME CORRECT ADDRAGES		BLE BEACH				.2 name .3 street	100	DECC					Ī
STREET ADDRESS	HOUSTO				•			1		·			
COLY - S1 - ZIP	AS			DELE		.4 CITY-S	11.61	'				Change	Addition
NAME		OBERT A				2 NAME				e e			
STREET ADDRESS		CORMICK DR.				3 STREET	ADO	RESS					
CITY - S1 - ZIP		A CA 95010				4 CITY-S							

6 4 CITY-ST-ZIP 14. If do 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 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.

VPRINANCE JOFS