

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90162 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850326

1. Corporation Name
ADAC HEALTHCARE INFORMATION SYSTEMS, INC.



Principal Place of Business 5 GREENWAY PLAZA, SUITE 1900 HOUSTON TX 77046	Mailing Address % ADAC LABORATORIES (TAX DEPT) 540 ALDER DR MILPITAS CA 95035 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/10/1981	4. FEI Number 74-1656901	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. City & State	28. City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LAMP, MARK A
STREET ADDRESS	5433 TUPPER LAKE DR.
CITY-ST-ZIP	HOUSTON TX 77056
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DEANE, MEL
STREET ADDRESS	1903 MONT FOREST
CITY-ST-ZIP	KINGWOOD TX 77345
TITLE	C <input type="checkbox"/> DELETE
NAME	DAVID L LOWE
STREET ADDRESS	540 ALDER DR
CITY-ST-ZIP	MILPITAS CA 95035
TITLE	D <input type="checkbox"/> DELETE
NAME	LOWE, DAVID L
STREET ADDRESS	44 GOLF RD.
CITY-ST-ZIP	PLEASANTON CA 94566
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	SMITH, R. GREG
STREET ADDRESS	6507 PEBBLE BEACH
CITY-ST-ZIP	HOUSTON TX
TITLE	AS <input type="checkbox"/> DELETE
NAME	STARR, ROBERT A
STREET ADDRESS	305B MCCORMICK DR.
CITY-ST-ZIP	CAPITOLA CA 95010

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P TRACE DEVANNY
STREET ADDRESS	5 GREENWAY PLAZA, SUITE 1900
CITY-ST-ZIP	HOUSTON TX 77046
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. IT ANDRE SIMONE
STREET ADDRESS	540 ALDER DR.
CITY-ST-ZIP	MILPITAS, CA 95035
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/CEO ECKERT, R. ANDREW
STREET ADDRESS	540 ALDER DR.
CITY-ST-ZIP	MILPITAS, CA 95035
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KING D. GRAHAM
STREET ADDRESS	540 ALDER DRIVE
CITY-ST-ZIP	MILPITAS, CA 95035
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S KAREN MASTERSON
STREET ADDRESS	540 ALDER DR
CITY-ST-ZIP	MILPITAS, CA 95035
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *MD* **SIGNATURE REQUIRED** 4/26/99 (408) 321-9100
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)