2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90054 028 ***150.00

DOCUMENT # 850326

1. Entity Name

ADAC HEALTHCARE INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
5 GREENWAY PLAZA. SUITE 1900 HOUSTON TX 77046	% ADAC LABORATORIES (TAX DEPT) 540 ALDER DR MILPITAS CA 95035-7443 US

DO NOT WRITE IN THIS SPACE

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 74-1656901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEVANNY, TRACE 5 GREENWAY PLAZA, SUITE 1900 HOUSTON TX 77046	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, CEO R. Andrew Eckert 540 Alder Dr Milpitas, CA 95035	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SIMONE, ANDRE 540 ALDER DR. MILPITAS CA 95035	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jay Deady 5 Greenway Plaza, Suite 1900 Houston, TX 77046	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DAVID L LOWE 540 ALDER DR MILPITAS CA 95035	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Neil J Laird 540 Alder DR Milpitas, CA 95035	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, DAVID L 44 GOLF RD. PLEASANTON CA 94566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Debra A Young 540 Alder DR Milpitas, CA 95035	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, KING O 540 ALDER DRIVE MILPITAS CA 95035	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Judy J. Rowe 540 Alder DR Milpitas, CA 95035	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STARR, ROBERT A 305B MCCORMICK DR. CAPITOLA CA 95010	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis R. Raney 540 Alder DR. Milpitas, CA 95035	☐ Change ☑ Addition

CR2E034 (9/99)

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: Neil J. Laird Neil J. Laird CFO/SRVP 27Apr2000 (408)321-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #