

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90378 050 \*\*\*150.00

**DOCUMENT #** F01000000804  
1. Entity Name  
VitalWorks Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 239 Ethan Allen Highway Suite, Apt. #, etc.		3. Mailing Address 239 Ethan Allen Highway Suite, Apt. #, etc.	
City & State Ridgefield, CT		City & State Ridgefield, CT	
Zip 06877	Country USA	Zip 06877	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2248411		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee FL Zip Code 32301

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		See attached Officers/Directors Rider	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephen Hicks, Vice President

203-894-1300

Date Daytona Photo #

CR2E034B (12/01)

ATTACH # FO1000000804/037291

OFFICERS/DIRECTORS RIDER

List of Officers:

**Name:** Joseph M. Walsh **Title:** President & CEO  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Michael A. Manto **Title:** Executive Vice President  
**Bus. Address:** c/o VitalWorks, Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877  
and CFO

**Name:** Stephen L. Hicks **Title:** Vice President, Corporate Secretary  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877  
and General Counsel

**Name:** Stephen N. Kahane **Title:** Executive Vice President  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Kevin Silk **Title:** Vice President  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Daren McCormick **Title:** Vice President  
**Bus. Address:** c/o VitalWorks Inc.  
44 Inverness Center Parkway  
Birmingham, AL 35242

List of Directors:

**Name:** Joseph M. Walsh, Chairman of the Board  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Michael A. Manto  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Stephen N. Kahane, Vice Chairman of the Board  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Kenneth Adams  
**Bus. Address:** c/o VitalWorks Inc.  
239 Ethan Allen Highway  
Ridgefield, CT 06877

**Name:** Stephen DeNelsky  
**Bus. Address:** c/o 590 Madison Avenue, 39th Floor  
New York, NY 10022

**Name:** David B. Shepherd  
**Bus. Address:** 10 Westport Road  
Wilton, Connecticut 06897-0810