

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


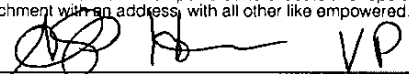
**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90260 016 \*\*\*150.00

**14009805**



03152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F01000000804</b>			
1. Entity Name VITALWORKS INC.			
Principal Place of Business 239 ETHAN ALLEN HWY RIDGEFIELD, CT 06877		Mailing Address 239 ETHAN ALLEN HWY RIDGEFIELD, CT 06877	
2. Principal Place of Business 20 Guest Street Suite, Apt. #, etc.		3. Mailing Address 20 Guest Street Suite, Apt. #, etc.	
City & State Boston, MA Zip 02135 Country USA		City & State Boston, MA Zip 02135 Country USA	
4. FEI Number 59-2248411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WALSH, JOSEPHICK M 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached Officers/Directors Rider <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MANTO, MICHAEL A 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC HICKS, STEPHEN L 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KAHANE, STEPHEN N 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILK, KEVIN 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, DAREN 239 ETHAN ALLEN HIGHWAY RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  VP		Date: 4/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

## OFFICERS/DIRECTORS RIDER ATTACHMENT

14009805

#F01000000804

### List of Officers:

**Name:** Stephen N. Kahane **Title:** Chief Executive Officer  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Peter McClennen **Title:** President  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Joseph D. Hill **Title:** Sr. Vice President and CFO  
**Bus. Address:** VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Stephen L. Hicks **Title:** Vice President, Corporate Secretary  
and General Counsel  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

### List of Directors:

**Name:** Joseph M. Walsh, Chairman of the Board  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Michael A. Manto  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Stephen N. Kahane, Vice Chairman of the Board  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Kenneth R. Adams  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Stephen J. DeNelsky  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** David B. Shepherd  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135

**Name:** Lisa W. Zappala  
**Bus. Address:** c/o VitalWorks Inc. n/k/a AMICAS, Inc.  
20 Guest Street  
Boston, MA 02135