


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0615032 AT

DOCUMENT # F0100000804

1. Entity Name
VITALWORKS INC.



FILED

03 APR 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2248411** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD FINE, FREDERICK L 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached Rider officers/ Directors</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO COCHRAN, JAMES A 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900016130349 04/17/03--01009--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PRICE, JAMES K 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <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	TCD PERLMAN, RICHARD E 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <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	D ELLIOTT, JAMES D 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <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	D WELSH, RAYMOND H 1765 THE EXCHANGE, SUITE 450 ATLANTA GA 30339 <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: *X* **SIGNATURE REQUIRED** *Stephen* **Stephen** *Vice President* **Vice President**

Date **4/10/03** (2003) 844-3288 Daytime Phone #

CR2E034 (10/02)

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



April 14, 2003

VIA FEDERAL EXPRESS
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Uniform Business Report
VitalWorks Inc.

To Whom It May Concern:

Please find enclosed the completed Uniform Business Report for 2003 to be filed in your office together with a check in the amount of \$150.00 representing the filing fee.

Please stamp the enclosed copy of the Uniform Business Report filed and return it in the self addressed, stamped envelope provided herein, for our records.

If you have any questions, please give me a call.

Yours truly,

Susan Fedor
Susan Fedor, Paralegal
Legal Department