

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000074

Entity Name: PLANVISTA SOLUTIONS, INC.

FILED  
Oct 17, 2005  
Secretary of State

## Current Principal Place of Business:

419 EAST MAIN STREET  
MIDDLETOWN, NY 10940

## New Principal Place of Business:

## Current Mailing Address:

C/O PROXYMED, INC. - LEGAL DEPARTMENT  
2555 DAVIE ROAD, SUITE 110  
FORT LAUDERDALE, FL 33317

## New Mailing Address:

FEI Number: 14-1766574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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: DANIEL GLATZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOOVER, MICHAEL K  
Address: 1854 SHACKLEFORD COURT # 200  
City-St-Zip: NORCROSS, GA 30093

Title: P ( ) Delete  
Name: MARKLE, JEFFREY L  
Address: 4010 W BOY SCOUT BLVD. #200  
City-St-Zip: TAMPA, FL 33607

Title: TCFO (X) Delete  
Name: EISENHAUER, GREGORY J  
Address: 1854 SHACKLEFORD COURT # 200  
City-St-Zip: NORCROSS, GA 30093

Title: S ( ) Delete  
Name: OLES, DAVID E  
Address: 1854 SHACKLEFORD COURT # 200  
City-St-Zip: NORCROSS, GA 30093

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LETTKO, JOHN G  
Address: 1854 SHACKLEFORD COURT # 200  
City-St-Zip: NORCROSS, GA 30093

Title: CFO (X) Change ( ) Addition  
Name: O'DOWD, DOUGLAS  
Address: 4010 W BOY SCOUT BLVD. #200  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. OLES

S

10/17/2005

Electronic Signature of Signing Officer or Director

Date