01-10-2006 10:01AM FROM-

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JAN 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000106

1. Entity Name
PLANVISTA CORPORATION

CC Code: 65
Unit:
Matter:
Service Type:
Date:

Principal Place of Business	Mailing Address
4010 W BOY SCOUT BLVD STE 200 TAMPA, FL 33607	C/O PROXYMED, INC., LEGAL DEPARTMENT 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093

01092006 Chg-P CR2E034 (11/05)

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 13-3787901 ☐ 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
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maureen Cullen 1/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	D LETTKO, JOHN G 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & CEO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARKLE, JEFFREY L 4010 W BOY SCOUT BLVD STE 200 TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer & CFO DOUGLAS J. O'DOWD 1854 Shackleford Court, #200 Norcross, GA 30093	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OLES, DAVID E 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREGORY, EISENHAUER J 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000063461340	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

292

ACCOUNT NO. : 072100000032

REFERENCE : 776531 7513782

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : December 23, 2005

ORDER TIME : 10:48 AM

ORDER NO. : 776531-010

CUSTOMER NO: 7513782

CHANGE OF AGENT

NAME: PLANVISTA CORPORATION

RECEIVED
06 JAN 11 PM 1:21
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____