

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90200 002 ***150.00

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01132005 Chg-P CR2E034 (10/03)

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|---|---|--|--|--|--|
| DOCUMENT # F02000001543 | | | |  | |
| 1. Entity Name ENVOY CORPORATION | | | | | |
| Principal Place of Business 26 CENTURY BLVD STE 601 NASHVILLE, TN 37214 | | | Mailing Address 26 CENTURY BLVD STE 601 NASHVILLE, TN 37214 | | |
| 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 58-2573488 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 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 | P HOLCOMBE, TONY 26 CENTURY BLVD. NASHVILLE, TN 37214 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,VP DAVID AMBERGEY 26 CENTURY BLVD, STE 601 NASHVILLE, TN 37214 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VUOLO, ANTHONY 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT DRAGHON 100 COLONY SQUARE, SUITE 2400 ATLANTA, GA 30361 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MELE, CHARLES A 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.S CHARLES MELE 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FAILLA, FRANK J JR. 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,VP LEWIS LEICHER 11003 SAN DIEGO RD. RANCHO SANTA FE, CA 92067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LAYMAN, KIRK G 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROSEANN STAMPE 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SAYRE, TIM 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 | <input 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: _____ | | | Date: 4/12/05 Daytime Phone #: (201) 703-3400 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |