

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000836 1. Entity Name MISYS HOSPITAL SYSTEMS INC.	
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Principal Place of Business 480 E. BROADWAY BLVD. TUCSON, AZ 85711-3609	Mailing Address 8529 SIX FORKS ROAD ATTN: TAX DEPT. RALEIGH, NC 27615
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0378223	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

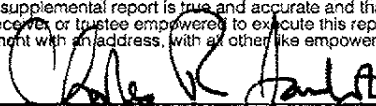
9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMAX, J. KEVIN BURLEIGH HOUSE CHAPEL OAK SALFORD PRIORS WORCESTERSHIRE WR115SH,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSSENS, JOHN G BURLEIGH HOUSE CHAPEL OAK SALFORD PRIORS WORCESTERSHIRE WR115SH,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCE SKELTON, THOMAS K JR 8529 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD LAMBERT, CHARLES 8529 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO LAWSON, ANDREW 480 E. BROADWAY BLVD. TUCSON, AZ 857113609

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05/04/04-80129-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #