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.

Principal Place of Business	Mailing Address
480 E. BROADWAY BLVD. TUCSON, AZ 85711-3609	8529 SIX FORKS ROAD ATTN: TAX DEPT. RALEIGH, NC 27615

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
86-0378223

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000153509
05/04/04-80129-012 150.00

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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: _____ 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #