2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# F03000000836

Entity Name: MISYS HOSPITAL SYSTEMS INC.

Current Principal Place of Business:

480 E. BROADWAY BLVD.
TUCSON, AZ 857113609

New Principal Place of Business:

4801 E. BROADWAY BLVD.
TUCSON, AZ 857113609

Current Mailing Address:

8529 SIX FORKS ROAD
ATTN: TAX DEPT.
RALEIGH, NC 27615

New Mailing Address:

FEI Number: 86-0378223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LOMAX, J. KEVIN	
Address:	BURLEIGH HOUSE CHAPEL OAK SALFORD PRIORS	
City-St-Zip:	WORCESTERSHIRE WR115SH,	
Title:	D	( ) Delete
Name:	SUSSENS, JOHN G	
Address:	BURLEIGH HOUSE CHAPEL OAK SALFORD PRIORS	
City-St-Zip:	WORCESTERSHIRE WR115SH,	
Title:	DPCE	( ) Delete
Name:	SKELTON, THOMAS K JR	
Address:	8529 SIX FORKS ROAD	
City-St-Zip:	RALEIGH, NC 27615	
Title:	SVD	( ) Delete
Name:	LAMBERT, CHARLES	
Address:	8529 SIX FORKS ROAD	
City-St-Zip:	RALEIGH, NC 27615	
Title:	SVD	(X) Delete
Name:	WINCHEST, MARC	
Address:	8529 SIX FORKS ROAD	
City-St-Zip:	RALEIGH, NC 27615	
Title:	COO	( ) Delete
Name:	LAWSON, ANDREW	
Address:	480 E. BROADWAY BLVD.	
City-St-Zip:	TUCSON, AZ 857113609	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CFO	(X) Change ( ) Addition
Name:	JEHLE, KATHRYN	
Address:	4801 EAST BROADWAY BLVD	
City-St-Zip:	TUCSON, AZ 87511	
Title:	SEC	(X) Change ( ) Addition
Name:	TWIDDY, KATHRYN	
Address:	8529 SIX FORKS RD	
City-St-Zip:	RALEIGH, NC 27615	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: KATHRYN TWIDDY SEC 04/27/2005
Electronic Signature of Signing Officer or Director — Date