2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000836

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90410 036 ***150.00

1. Entity Name MISYS HOSPITAL SYSTEMS INC.					0, D0 <u>2</u> 00.		
Principal Place of Business 4801 E. BROADWAY BLVD. TUCSON, AZ 85711-3609		Mailing Address 8529 SIX FORKS ROAD ATTN: TAX DEPT. RALEIGH, NC 27615			THE STREET OF TH		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Tax Dept.					
Suite, Apt. #, etc. 250 S.W. Mign (Blue		Suite, Apt. #, etc. 8529 Six Forks Rd					
City & Stat	ocson, AL	City & State City	NC	4. FEI Numb 86-037			oplied For ot Applicable
Zip 85	711 Country SA	Z7615	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32301-2525							
			City	Sity 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							
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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5,000 Trust Fund Contribution.							
10.	OFFICERS AND D		11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-SI-ZIP	JEHLE, KATHRYN			Vern Davenport Rd. 8529 Six Forts Rd. Raleich, NC 27615			
TITLE	SEC	☐ Delete	TITLE	200/C	NO PIGIT	Change	≥ Addition
NAME STREET ADDRESS	TWIDDY, KATHRYN 8529 SIX FORKS RD		NAME STREET ADDRESS	Richard At	ilians Bud		
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP	Tucson,	AZ 17511	ı	
TITLE NAME	DPCE SKELTON, THOMAS K JR	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	8529 SIX FORKS ROAD		STREET ADDRESS				
CITY-ST-ZIP	RALEIGH, NC 27615	☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition
NAME	LAMBERT, CHARLES	Delicie	NAME			Onlings	Auditor
STREET ADORESS CITY-ST-ZIP	8529 SIX FORKS ROAD RALEIGH, NC 27615		STREET ADDRESS CITY-ST-ZIP				
TITLE	COO	Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	LAWSON, ANDREW 480 E. BROADWAY BLVD.		NAME STREET ADDRESS				ļ
CITY-ST-ZIP	TUCSON, AZ 857113609		CITY-ST-ZIP				
TITLE NAME		Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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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 a state of the chapter 607.

SIGNATURE: