

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004223

FILED
Mar 25, 2009
Secretary of State

Entity Name: PSC HEALTHCARE SOFTWARE, INC.

Current Principal Place of Business:

2300 W. PLANO PARKWAY
PLANO, TX 75075

New Principal Place of Business:

Current Mailing Address:

2300 W. PLANO PARKWAY
PLANO, TX 75075

New Mailing Address:

FEI Number: 94-3235734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES () Delete
Name: LYLES, CHARLES ALLEN
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

Title: SEC () Delete
Name: WOOD, SHARON
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

Title: TRES () Delete
Name: WHITMER, ELIZABETH
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

Title: VP () Delete
Name: OLIVIER, TIMOTHY
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

Title: DIR () Delete
Name: LYLES, CHARLES ALLEN
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

Title: ASEC () Delete
Name: BELL, CHARLES N
Address: 2300 W. PLANO PARKWAY
City-St-Zip: PLANO, TX 75075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated 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 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: MANDELIN HENDRICKS

POA

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date