

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 004 ***150.00

DOCUMENT # F93000003875

1. Corporation Name

GOTTLIEB'S FINANCIAL SERVICES, INC.
medaphis E R Physician Services, Inc.

Principal Place of Business

2700 CUMBERLAND PARKWAY
STE 300
ATLANTA GA 30339
US

Mailing Address

2700 CUMBERLAND PARKWAY
STE 300
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1993

4. FEI Number

58-2062951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, DAVID R	
STREET ADDRESS	2700 CUMBERLAND PKWY., SUITE 300	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SHERMAN, PEGGY B	
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DICKERSON, CARYN S	
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	BAGLEIN, JEROME H	
STREET ADDRESS	HUTTO, RANDOLPH, L, M	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, DAVID E	
STREET ADDRESS	2700 CUMBERLAND PARKWAY., STE 300	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	EVPC	<input checked="" type="checkbox"/> DELETE
NAME	RITCHIE, ALLEN W	
STREET ADDRESS	2700 CUMBERLAND PKWY., STE 300	
CITY-ST-ZIP	ATLANTA GA 30339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Attached
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randolph L M Hutto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

770-444-5300
Daytime Phone #

CR2E034 (1/98)

554687-90052-4
F93000003875

MEDAPHIS ER PHYSICIAN SERVICES, INC.

Officer List

Title	Name	Business Address	City, State Zip + 4
President	David R. Berry	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Executive VP, General Counsel & Secretary	Randolph L. M. Hurto	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Executive VP & Chief Financial Officer	Wayne A. Tanner	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Vice President and Treasurer	Caryn S. Dickerson	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
VP, Assoc Gen Counsel & Assistant Secretary	Peggy B. Sherman	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632

Director List

Name	Business Address	City, State Zip + 4
Allen W. Ritchie	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Randolph L. M. Hurto	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632