

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:10

DOCUMENT # F93000004094 (9)

1. Corporation Name

PEDIATRIC SOFTWARE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**5670 WILLOW CREEK CT.
DELRAY BEACH FL 33484**

**5030 CHAMPION BOULEVARD
SUITE G6280
BOCA RATON FL 33496
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

06/27/1994

4. FEI Number

84-1204849

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FRIELING, EDWARD
5670 WILLOW CREEK ST.
DELRAY BEACH FL 33484**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME FRIELING, DANIEL
STREET ADDRESS 7667 S. BOULDER RD.
CITY-ST-ZIP BOULDER CO 80303

1.1 TITLE

☐ Change ☐ Addition

TITLE DVC
NAME FRIELING, EDWARD
STREET ADDRESS 5670 WILLOW CREEK CT.
CITY-ST-ZIP DELRAY BEACH FL 33484

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME FRIELING, SHERRIE
STREET ADDRESS 17656 FOXWOOD WAY
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME FRIELING, EDWARD
STREET ADDRESS 5670 WILLOW CREEK COURT
CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR