

THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE BY APRIL 15, 1995.

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 19 AM 3:01

DOCUMENT # F93000005410 (6)

1. Corporation Name
HEALTHCARE COMPUTER SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
STATE
FLORIDA

Principal Place of Business
10 COBURG ROAD
EUGENE OR 97401

Mailing Address
10 COBURG ROAD
EUGENE OR 97401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
07/08/1994

4. FEI Number
93-1118108

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

7. 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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME TULLIO, DOUGLAS J
STREET ADDRESS 901 SUMMIT DRIVE
CITY-ST-ZIP LAGUNA BEACH CA 92651
TITLE CFOD
NAME MURRAY, JOHN D
STREET ADDRESS 8198 SADDLETREE LANE
CITY-ST-ZIP YORBA LINDA CA 92686
TITLE D
NAME GLADE, JOHN F
STREET ADDRESS 5834 WEST VIEW DRIVE
CITY-ST-ZIP ORANGE CA 92668
TITLE S
NAME WRIGHT, DEBRA J
STREET ADDRESS 488 AZALEA
CITY-ST-ZIP EUGENE OR
TITLE P
NAME MOORE, R L
STREET ADDRESS 2246 BIRCHWOOD
CITY-ST-ZIP EUGENE OR
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: x Debra J. Wright 4/14/95 503/485-7294
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR