FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:22

DOCUMENT # F94000000508 (1)

1. Corporation Name
MEDIQUAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1900 WEST PARK DRIVE WESTBOROUGH MA 01581	1900 WEST PARK DRIVE WESTBOROUGH MA 01581

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) Country (25):
Zip (29) Country (30):

4. FEI Number: 36-3112859 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	KRISS, ERIC	12 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RYAN, WILLIAM D	22 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BREWSTER, ALAN C	32 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DALY, ROBERT W	42 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JACOBS, CHARLES M	52 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	WESTBOROUGH MA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	P ☒ Change ☐ Addition
NAME	~~OSZUETOWICZ, RICHARD J~~ DOMINIK DAVID	62 NAME	
STREET ADDRESS	1900 WEST PARK DRIVE	63 STREET ADDRESS	1900 WEST PARK DRIVE
CITY-ST-ZIP	WESTBOROUGH MA	64 CITY-ST-ZIP	WESTBOROUGH MA

14. I do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of this report or on an attachment with an address.

SIGNATURE: _____ 1-13-95 508 366-6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483427 FN