SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

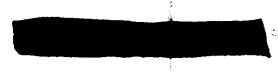
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400000508 (1)

MEDIQUAL SYSTEMS, INC.

FILED Oct 13 1998 8:00am Secretary of State



	1				
Principal Place	e of Business	Mailing Address			
1800 WEST PARK DRIVE 1900 WEST PARK DRIVE					
WESTBOROUGH		WESTBOROUGH MA 01581		DO NOT WRITE IN	I THIS SPACE
	·			3. Date Incorporated or Qualified	I INISSPACE
				01/25/1994	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	iace di ocamesa	26 5555 Glen	don Co	ert 36-3112859	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	2011 000		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Dublin, OH		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country U.S.A	8. This corporation owes or has paid to	
24	25		U. S. F.		
	9. Name and Address of Curre		81 Name	10. Name and Address of New Regis	tered Agent
	PORATION SERVICE COMPANY	f	O Name		
	HAYS STREET		82 Street	Address (P.O. Box Number is Not Acceptable)	
IALL	_HA SS EE FL 32301		83		
			"		
			84 City		FL 85 Zip Code
4		20 and 607 4509 Florida Statutan the		corporation submits this statement for the purpose	
office or	registered enent, or both, in the State	a of Fiorida. Such change was autho	rized by the cori	corporation submits this statement for the purposi- poration's board of directors. I hereby accept the	appointment as registered
agent. I a	am familiar with, and accept the oblig	gations of, section 607.0505, Florida	Statutes.		
SIGNATURE	Down and an advantage of paging and an	and and the Kappicable (NOTE: B)	eniel ered Anent signal	ure required when reinstating)	DATE
12.	Signature, typed or printed name of registered age OFFICERS A		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	₽ \$0		.1 TITLE	TP	Change Addition
NAME	KRISS, ERIC		.2 NAME	'	
STREET ADDRESS	1900 WEST PARK DRIVE	1,	.3 STREET ADDRESS		
CITY-ST-ZIP	WESTBOROUGH MA		.4 CITY-ST-ZIP		
TITLE	D	Ø DELETE 2	1 TITLE	A	Change X Addition
NAME	RYAN, WILLIAM D	V-=	2 NAME	John C. Kane	
STREET ADDRESS	1900 WEST PARK DRIVE		.3 STREET ADDRESS	1	
CITY-ST-ZIP	WESTBOROUGH MA		4 CITY-ST-ZIP	DUBLIN, OH 43016	<u> </u>
TITLE	D	Ø.DELETE :	I 1 TITLE	V/S	Change 🔀 Addition
NAME	NESSEN, PETER	-	2 NAME	George H. Bennettily	
STREET ADDRESS	1900 W PARK DR] ;	.3 STREET ADDRESS	5555 Glendon Court	
CITY-ST-ZIP	WESTBORO MA		4 CITY-ST-ZIP	Dublin, OH 43016	
TITLE	D	DELETE	I.1 TITLE	1	Change Addition
NAME	JACOBS, CHARLES M		2 NAME	000002662	2570
STREET ADDRESS	1900 WEST PARK DRIVE		3 STREET ADDRESS	-10/13/9801043	029
CITY-ST-ZIP	WESTBOROUGH MA		I.4 CITY-ST-ZIP	***550.00	
TITLE	P	⊠ DELETE	1 TITLE	VIT	Change X Addition
NAME	DOMINIK, DAVID		3.2 NAME	Stephanic A. Wagoner	
STREET ADDRESS	1900 WEST PARK DRIVE		3 STREET ADDRESS		
CITY-ST-ZIP	WESTBOROUGH MA		5.4 CITY-ST-ZIP	Dublin, 011 43016	
TITLE		DELETE 6	S.1 TITLE	V	Change Addition
NAME		· ·	3.2 NAME	Glenn L. Martin	DE
STREET ADDRESS		l t	3.3 STREET ADDRESS	5555 Glendon Court	$I_{i,\lambda_{i},\lambda_{i}}$
	1	l l		TO WILL ALL USALL	10-13

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 or an attackment with an address.