

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  
1998



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

DOCUMENT # F94000000508 (1)

1. Corporation Name

MEDIQUAL SYSTEMS, INC.

Principal Place of Business

1900 WEST PARK DRIVE  
WESTBOROUGH MA 01581

Mailing Address

1900 WEST PARK DRIVE  
WESTBOROUGH MA 01581

FILED  
Oct 13 1998 8:00am  
Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

5555 Glendon Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Dublin, OH

Zip

Country

24

29

Zip

Country

43016

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLHASSEE 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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PSB~~ ☐ DELETE

NAME KRISS, ERIC  
STREET ADDRESS 1900 WEST PARK DRIVE  
CITY-ST-ZIP WESTBOROUGH MA

1.1 TITLE P ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME RYAN, WILLIAM D  
STREET ADDRESS 1900 WEST PARK DRIVE  
CITY-ST-ZIP WESTBOROUGH MA

2.1 TITLE D ☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME NESSEN, PETER  
STREET ADDRESS 1900 W PARK DR  
CITY-ST-ZIP WESTBORO MA

2.2 NAME John C. Kane

2.3 STREET ADDRESS 5555 Glendon Court

2.4 CITY-ST-ZIP Dublin, OH 43016

TITLE D ☒ DELETE

NAME JACOBS, CHARLES M  
STREET ADDRESS 1900 WEST PARK DRIVE  
CITY-ST-ZIP WESTBOROUGH MA

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME George H. Bennett Jr  
3.3 STREET ADDRESS 5555 Glendon Court  
3.4 CITY-ST-ZIP Dublin, OH 43016

TITLE D ☒ DELETE

NAME DOMINIK, DAVID  
STREET ADDRESS 1900 WEST PARK DRIVE  
CITY-ST-ZIP WESTBOROUGH MA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 000002662570  
4.3 STREET ADDRESS -10/13/98-01043-029  
4.4 CITY-ST-ZIP \*\*\*550.00

TITLE ☐ DELETE

NAME Glenn L. Martin  
STREET ADDRESS 5555 Glendon Court  
CITY-ST-ZIP Dublin, OH 43016

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.

CR2E034 (5/98)