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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001570 (0)

1. Corporate Name
CLINICAL INFORMATION NETWORKS, INC.

Principal Office
1100 ASHWOOD PARKWAY, SUITE 200
ATLANTA GA 30338

Mailing Address
1100 ASHWOOD PARKWAY, SUITE 200
ATLANTA GA 30338

3. Date Incorporated (Domestic) 03/29/1994
3a. Date Qualified (Foreign)

2. Principal Place of Business
21 500 Northridge Road
Suite Apt. #
22 Suite 500
City, State
23 Atlanta, GA
24 30350 25 Fulton

2a. Mailing Address
26 500 Northridge Road
Suite Apt. #
27 Suite 500
City, State
28 Atlanta, GA
29 30350 30 Fulton

4. FEI Number 58-2039374 [ ] 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. Does corporation wish to be designated as a "Florida Green" Corporation? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE 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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's board of directors, through, except the appointment of registered agent, has adopted the following resolution:

DATEDAT

12. OFFICERS AND DIRECTORS

TYPE	C
NAME	JACKSON, RICHARD
ADDRESS	1100 ASHWOOD PKWY., STE. 200
CITY ST ZIP	ATLANTA GA 30338
TYPE	P
NAME	BURNETTE, JAMES
ADDRESS	1100 ASHWOOD PKWY., STE. 200
CITY ST ZIP	ATLANTA GA 30338
TYPE	V
NAME	LAWTER, TERRY
ADDRESS	1100 ASHWOOD PKWY., STE. 200
CITY ST ZIP	ATLANTA GA 30338
TYPE	S
NAME	WAGNER, PAMELA
ADDRESS	1100 ASHWOOD PKWY., STE. 200
CITY ST ZIP	ATLANTA GA 30338
TYPE	TCFO
NAME	BLESER, JOSEPH
ADDRESS	1100 ASHWOOD PKWY., STE. 200
CITY ST ZIP	ATLANTA GA 30338

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)

TYPE		[X] Change [ ] Add
NAME		
ADDRESS	500 Northridge Road, Suite 500	
CITY ST ZIP	Atlanta, GA 30350	
TYPE		[X] Change [ ] Add
NAME		
ADDRESS	500 Northridge Road, Suite 500	
CITY ST ZIP	Atlanta, GA 30350	
TYPE	A.V.P.-TAXES	[X] Change [ ] Add
NAME	Ann S. Wrenn	
ADDRESS	500 Northridge Road, Suite 500	
CITY ST ZIP	Atlanta, GA 30350	
TYPE		[X] Change [ ] Add
NAME		
ADDRESS	500 Northridge Road, Suite 500	
CITY ST ZIP	Atlanta, GA 30350	
TYPE	CFO	[X] Change [ ] Add
NAME	Timothy L. Powers	
ADDRESS	500 Northridge Road, Suite 500	
CITY ST ZIP	Atlanta, GA 30350	
TYPE		[ ] Change [ ] Add
NAME		
ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 hereof with any title.

SIGNATURE: Ann S. Wrenn Ann S. Wrenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-95 (404) 643-5630

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