FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000001570 (0)**

1. Corporation Name

CLINICAL INFORMATION NETWORKS, INC.

Principal Place of Business	Mailing Address
500 NORTHRIDGE ROAD SUITE 500 ATLANTA FL 30350 US	500 NORTHRIDGE ROAD SUITE 500 ATLANTA G 30350 US

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **05/01/1995**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.0502 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, RICHARD		1.2 NAME	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNETTE, JAMES		2.2 NAME	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL		2.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WRENN, ANN S.		3.2 NAME	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, PAMELA		4.2 NAME	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, TIMOTHY L		5.2 NAME	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished 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 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 added or deleted, with an address.

SIGNATURE: Jim Begnaud 3/1/96 770-643-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #