

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001570 (0)

1. Corporation Name  
SURGICAL INFORMATION SYSTEMS, INC.



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

Mailing Address  
500 NORTHRIDGE ROAD  
SUITE 500  
ATLANTA G 30350-6723  
US

3. Date Incorporated or Qualified  
03/29/1994

3a. Date of Last Report  
03/18/1996

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 ATLANTA GA  
24 Zip Country

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

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JACKSON, RICHARD	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
CITY-ST-ZIP	ATLANTA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURNETTE, JAMES	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
CITY-ST-ZIP	ATLANTA FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WRENN, ANN S.	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
CITY-ST-ZIP	ATLANTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAGNER, PAMELA	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, TIMOTHY L	
STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
CITY-ST-ZIP	ATLANTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	ATLANTA GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHUCK, TERRY	
3.3 STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
3.4 CITY-ST-ZIP	ATLANTA GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BEGNAUD, JAMES	
5.3 STREET ADDRESS	500 NORTHRIDGE ROAD, SUITE 500	
5.4 CITY-ST-ZIP	ATLANTA GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/24/97 770-643-5644

CR2E034 (9/96)