

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 # **F94000004758 (8)**

1. Corporation Name

MEDICALOGIC, INC.

Principal Place of Business

**15400 NW GREENBRIAR PARKWAY #400
BEAVERTON OR 97006**

Mailing Address

**15400 NW GREENBRIAR PARKWAY #400
BEAVERTON OR 97006**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

93-0890696

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

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 fee, if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
LEAVITT, MARK MD,PHD**
STREET ADDRESS **15400 NW GREENBRIER PKWY #400**
CITY-ST-ZIP **BEAVERTON OR**

TITLE ☐ DELETE

NAME **VD
SAMCO, RICHARD**
STREET ADDRESS **15400 NW GREENBRIER PKWY #400**
CITY-ST-ZIP **BEAVERTON OR**

TITLE ☐ DELETE

NAME **D
STEVENS, MARK A.**
STREET ADDRESS **3000 SAND HILL RD., STE 280 BLDG 4**
CITY-ST-ZIP **MENLO PARK CA**

TITLE ☐ DELETE

NAME **SD
MOFFENBEIER, DAVID C.**
STREET ADDRESS **15400 NW GREENBRIER PKWY #400**
CITY-ST-ZIP **BEAVERTON OR**

TITLE ☐ DELETE

NAME **V
MERCHANT, BERKELEY T**
STREET ADDRESS **470 NW TORREYVIEW DRIVE**
CITY-ST-ZIP **PORTLAND OR 97229**

TITLE ☐ DELETE

NAME **D
KASE, RONALD H**
STREET ADDRESS **235 MONTGOMERY STREET SUITE 1025**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

5035317000

Date

Daytime Phone #

CR2E034 (12/95)