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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
15400 NW GREENBRIAR PARKWAY #400 BEAVERTON OR 97006	15400 NW GREENBRIAR PARKWAY #400 BEAVERTON OR 97006-5783

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21: Street Address; 22: Suite, Apt. #, etc.; 23: City & State; 24: Zip; 25: Country
2a. Mailing Address — 26: Street Address; 27: Suite, Apt. #, etc.; 28: City & State; 29: Zip; 30: Country

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
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, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	LEAVITT, MARK MD,PHD	1.2 NAME	Ronald Taylor
STREET ADDRESS	15400 NW GREENBRIER PKWY #400	1.3 STREET ADDRESS	7212 Romero Dr.
CITY-ST-ZIP	BEAVERTON OR	1.4 CITY-ST-ZIP	La Jolla CA 92037
TITLE	VD ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SAMCO, RICHARD	2.2 NAME	Charlie Burwell
STREET ADDRESS	15400 NW GREENBRIER PKWY #400	2.3 STREET ADDRESS	220 East Las Colinas Blvd.
CITY-ST-ZIP	BEAVERTON OR	2.4 CITY-ST-ZIP	Irving, TX 75014-0909
TITLE	D ☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	STEVENS, MARK A.	3.2 NAME	C. Sue Reber
STREET ADDRESS	3000 SAND HILL RD., STE 280 BLDG 4	3.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	Beaverton OR 97006
TITLE	SD ☐ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	MOFFENBEIER, DAVID C.	4.2 NAME	Blackford Middleton, M.D.
STREET ADDRESS	15400 NW GREENBRIER PKWY #400	4.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400
CITY-ST-ZIP	BEAVERTON OR	4.4 CITY-ST-ZIP	Beaverton OR 97006
TITLE	V ☐ DELETE	5.1 TITLE	T\Controller ☐ Change ☒ Addition
NAME	MERCHANT, BERKELEY T	5.2 NAME	Guy F. Field
STREET ADDRESS	470 NW TORREYVIEW DRIVE	5.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400
CITY-ST-ZIP	PORTLAND OR 97229	5.4 CITY-ST-ZIP	Beaverton OR 97006
TITLE	D ☐ DELETE	6.1 TITLE	V ☐ Change ☒ Addition
NAME	KASE, RONALD H	6.2 NAME	Tom Watson
STREET ADDRESS	235 MONTGOMERY STREET SUITE 1025	6.3 STREET ADDRESS	15400 NW Greenbrier Pkwy #400
CITY-ST-ZIP	SAN FRANCISCO CA 94104	6.4 CITY-ST-ZIP	Beaverton, OR 97006

CR2E034 (9/96)

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: Guy F. Field

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