

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004758

1. Corporation Name
MEDICALOGIC, INC.

Principal Place of Business
15400 NW GREENBRIAR PARKWAY #400
BEAVERTON OR 97006

Mailing Address
20500 NW EVERGREEN PKWY
HILLSBORO OR 97124
US

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90050 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1994

4. FEI Number
93-0890696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LEAVITT, MARK MD,PHD
STREET ADDRESS 20500 NW EVERGREEN PKWY
CITY-ST-ZIP HILLSBORO OR 97124

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SAMCO, RICHARD
STREET ADDRESS 20500 BW EVERGREEN PKWY
CITY-ST-ZIP HILLSBORO OR 97124

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MOFFENBEIER, DAVID C.
STREET ADDRESS 20500 NW EVERGREEN PKWY
CITY-ST-ZIP HILLSBORO OR 97124

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KASE, RONALD H
STREET ADDRESS 2490 SAND HILL ROAD
CITY-ST-ZIP MENLO PARK CA 94025

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

George B. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

(503) 531-7000

Daytime Phone #

CR2F034 (1/198)