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**Mar 18 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 # F94000006561 (4)

1. Corporation Name
REUTERS HEALTH INFORMATION SERVICES INC.



Principal Place of Business
**825 EIGHTH AVE., 31ST FLOOR
NEW YORK NY 10019**

Mailing Address
**825 EIGHTH AVE., 31ST FLOOR
NEW YORK NY 10019-7416**

3. Date Incorporated or Qualified **12/22/1994** 3a. Date of Last Report **02/06/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3772016		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature type for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADYMY, LUCRETIA M.	1.2 NAME	
STREET ADDRESS	120 E 87TH STREET, APT R-12A	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	1.4 CITY- ST- ZIP	
TITLE	DEVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, HOLLY G.	2.2 NAME	
STREET ADDRESS	179 CLATTER VALLEY	2.3 STREET ADDRESS	
CITY- ST- ZIP	BRIDGEWATER CT	2.4 CITY- ST- ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANG, THOMAS	3.2 NAME	
STREET ADDRESS	1 WINCOMA DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	HUNTINGTON NY	3.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDISH, ADAM	4.2 NAME	
STREET ADDRESS	414 WEST 54TH STREET, APT 3B	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, DAN	5.2 NAME	
STREET ADDRESS	70 ORANGE STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKLYN HEIGHTS NY	5.4 CITY- ST- ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANTUZZI, DENISE	6.2 NAME	
STREET ADDRESS	355 W 29TH STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/96)