

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

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May 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000120 (4)**  
 1. Corporation Name  
**MEDPLUS HEALTHCARE INFORMATION TECHNOLOGY, INC.**



Principal Place of Business	Mailing Address
8805 SUITE 112 CINCINNATI OH 45249 US	8805 SUITE 112 CINCINNATI OH 45249 US

3. Date Incorporated or Qualified <b>01/09/1995</b>	3a. Date of Last Report <b>07/09/1996</b>
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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

4. FEI Number <b>48-1094982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**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
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	MAHONEY, RICHARD
8600 GOVERNOR'S HILL DR.	CINCINNATI OH 45249
CITY - ST - ZIP	
V	MAYO, ANDREW
8600 GOVERNOR'S HILL DR.	CINCINNATI OH 45249
CITY - ST - ZIP	
SD	KENNY, ROBERT
29100 AURORA RD., #320	OLON OH 44139
CITY - ST - ZIP	
AS	BARTON, TOM
4311 BERRYHILL LN.	CINCINNATI OH 45242
CITY - ST - ZIP	
D	STEIN, PAUL
4041 HARDING DR.	WEST LAKE OH 44145
CITY - ST - ZIP	
D	HILNBRAND, JAY
617 SONORA CT.	CINCINNATI OH 45215
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8805 Governor's Hill Dr.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Philip S. Present, II
2.3 STREET ADDRESS	8805 Governor's Hill Dr.
2.4 CITY - ST - ZIP	Cincinnati, OH 45249
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIV Daniel A. Silber
4.3 STREET ADDRESS	8805 Governor's Hill Dr.
4.4 CITY - ST - ZIP	Cincinnati, OH 45249
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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