

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001297 (9)

1. Corporation Name

COMPUTERIZED MEDICAL COMMUNICATIONS, INC.



Principal Place of Business

10128 W. BROAD ST
GLEN ALLEN VA 23060

Mailing Address

10128 W. BROAD ST
GLEN ALLEN VA 23060

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

36-2918458

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

CT 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

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

TITLE C ☐ DELETE

NAME DAVIS, NORWOOD H JR
STREET ADDRESS 2015 STAPLES MILL RD
CITY-ST-ZIP RICHMOND VA 23279

TITLE VC ☐ DELETE

NAME COTHRAN, PHYLLIS L
STREET ADDRESS 2015 STAPLES MILL RD
CITY-ST-ZIP RICHMOND VA 23279

TITLE PD ☐ DELETE

NAME STEWART, LEMUEL C JR
STREET ADDRESS 10128 W. BROAD ST
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE AS ☐ DELETE

NAME COOPER, JEROLD T
STREET ADDRESS 10128 W. BROAD ST
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE S ☒ DELETE

NAME MARTENSTEIN, THOMAS E
STREET ADDRESS 2015 STAPLES MILL RD
CITY-ST-ZIP RICHMOND VA 23279

TITLE T ☐ DELETE

NAME SNEAD, THOMAS G JR
STREET ADDRESS 2015 STAPLES MILL RD
CITY-ST-ZIP RICHMOND VA 23279

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

5 Tullidge, Thomas H
2015 Staples Mill Rd
Richmond, VA 23279

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

2/19/96 8049656128

CR2E034 (12/95)