

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

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Jul 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002771 (2)**

1. Corporation Name

~~EQUIFAX HEALTHCARE EDI SERVICES, INC.~~

(amendment filed 5/22/97)

NDC Healthcare EDI Services, Inc.

Principal Place of Business

Mailing Address

1600 PEACHTREE STREET NW
ATLANTA GA 30309
1564 NE Expressway
Atlanta, GA 30329

1600 PEACHTREE STREET NW
ATLANTA GA 30309
1564 NE Expressway-**Legal Dept.**
Atlanta, GA 30329

2. Principal Place of Business

2a. Mailing Address

21 1564 NE Expressway

26 1564 NE Expressway **Legal Dept.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **Legal Dept.**

23 Atlanta, GA 30329

28 Atlanta, GA 30329

Zip

Zip

24 30329

25 USA

29 30329

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 **P** ☒ DELETE

1.1 TITLE **P** ☐ Change ☒ Addition

NAME **DAWSON, JOSEPH E.**
STREET ADDRESS **3450 TOWNSHIP VALLEY**
CITY-ST-ZIP **MARIETTA GA**

1.2 NAME **Robert A. Yellowlees**
1.3 STREET ADDRESS **2696 Habersham Rd, NW**
1.4 CITY-ST-ZIP **Atlanta, GA 30305**

TITLE **V** ☒ DELETE

2.1 TITLE **V** ☐ Change ☒ Addition

NAME **KOHL, DANIEL J.**
STREET ADDRESS **3945 MERRIWEATHER WOODS**
CITY-ST-ZIP **ALPHARETTA GA**

2.2 NAME **Richard S. Cohan**
2.3 STREET ADDRESS **27 Wakefield Drive**
2.4 CITY-ST-ZIP **Atlanta, GA 30309**

TITLE **S** ☒ DELETE

3.1 TITLE **S** ☐ Change ☒ Addition

NAME **MAGIS, THOMAS H**
STREET ADDRESS **7235 DUNCOURTNEY DR.**
CITY-ST-ZIP **ATLANTA GA**

3.2 NAME **E. Michael Ingram**
3.3 STREET ADDRESS **3278 Timberloch Drive**
3.4 CITY-ST-ZIP **Marietta, GA 30068**

TITLE **T** ☒ DELETE

4.1 TITLE **T** ☐ Change ☒ Addition

NAME **ZAKAS, MARIETTA E**
STREET ADDRESS **3085 E PINE VALLEY RD**
CITY-ST-ZIP **ATLANTA GA**

4.2 NAME **M.P. Stevenson**
4.3 STREET ADDRESS **5902 Hayes Lane**
4.4 CITY-ST-ZIP **Rex, Georgia 30273**

TITLE **CD** ☒ DELETE

5.1 TITLE **100002234481** ☐ Change ☒ Addition

NAME **ROGERS JR, CLARENCE B**
STREET ADDRESS **2680 PEACHTREE RD.**
CITY-ST-ZIP **ATLANTA GA**

5.2 NAME **-07/10/97--01004--024**
5.3 STREET ADDRESS *****550.00**
5.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **MCCLAUGHLIN, DAN W**
STREET ADDRESS **3430 TUXEDO ROAD**
CITY-ST-ZIP **ATLANTA GA**

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]

6-22-97 404/728-2504

CR2E034 (9/96)

RW
7-9-97