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FILED
Feb 19 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 # F95000004519 (3)

1. Corporation Name
INFORMEDICS, INC.

Principal Place of Business
4000 KRUSE WAY PLACE, BUILDING 3, #210
LAKE OSWEGO OR 97035-2546

Mailing Address
4000 KRUSE WAY PLACE, BUILDING 3, #210
LAKE OSWEGO OR 97035-2546



2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 # 300

City & State

23 Same

Zip

24 Same

Country

25 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 # 300

City & State

28 Same

Zip

29 Same

Country

30 Same

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

83-0750571

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

C T 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

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	PCT	<input type="checkbox"/> DELETE
NAME	TORTORICI, JOHN	
STREET ADDRESS	16000 ROSHAK ROAD	
CITY-ST-ZIP	TIGARD OR 97224	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, DALE	
STREET ADDRESS	12809 NW 48TH AVENUE	
CITY-ST-ZIP	VANCOUVER WA 98685	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENMAN, RON	
STREET ADDRESS	1600 PIONEER TOWER, 888 S.W. FIFTH AVENUE	
CITY-ST-ZIP	PORTLAND OR 97204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEXTER, CHARLES V	
STREET ADDRESS	16001 NW 31ST CT.	
CITY-ST-ZIP	VANCOUVER WA 98685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITCOSKY, RON	
STREET ADDRESS	11504 S.W. WOODLEE HTS. CT.	
CITY-ST-ZIP	PORTLAND OR 97219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, RICHARD PHD	
STREET ADDRESS	387 RIVER ROAD	
CITY-ST-ZIP	CARLISLE MA 01741	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

Dale Conner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/97

Date

(503) 641-3000

Daytime Phone: #

CR2E034 (9/96)