

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90378 046 \*\*\*150.00

DOCUMENT # **F96000000401**

1. Entity Name

**Eclipsys Corporation** ✓



**DO NOT WRITE IN THIS SPACE**

**11038605**

2. Principal Place of Business

**1750 CLINT MOORE RD.**

3. Mailing Address

**1750 CLINT MOORE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**65-0632092**

Applied For

Not Applicable

Zip

**33487**

Country

**U.S.**

Zip

**33487**

Country

**U.S.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND RD.**

City

**PLANTATION**

FL

Zip Code

**33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PAUL RUFEN 1750 CLINT MOORE RD. BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS JACK RISENHOWER 1750 CLINT MOORE RD. BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JIM HALL 1750 CLINT MOORE RD. BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO BOB COLLETTI 1750 CLINT MOORE RD. BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO JOHN PATTON 1750 CLINT MOORE RD. BOCA RATON, FL 33487</b>
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12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Bob Colletti** **Bob Colletti**

**4-29-03**

**(561) 322-4655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)