2001 UNIFORM BUSINESS REPORT (UBR)

TITLE NAME NAME OF Change Addition NAME NAME NAME NAME NAME NAME NAME NAME	1. Entity Nam	MENT # F960000 TECHNOLOGIES, INC.	00776							19) (
Sulfe, Apt. 4, etc. City & State	2840 MT WILKI	NSON PARKWAY	2840 MT WILKINSON PAR	KWAY			SECRETARY OF TALEAHASSES. F	STATE LORID		1 12 4 (5) (84)	
City & State City & State City	2. Principal P	lace of Business	3. Mailing Address	<u> </u>							
Zp Country Zp Country Zp Country 5. Certificate of States Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE II	N THIS SPA	ACE		
Zp Country Zp Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & Stat	e	City & State		 -	4.	FEI Number 58-1651222		 	<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH FINE ISLAND RD. PLANTATION FL 33324 City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered adjictor registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered adjictor registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Slate of Forida. 8. The above named entity submits this statement for submits and statement and elects to do so. (Soe criteria on back) 9. This corporation is eligible to sately its Intenguite agent and in a goodest. Alter May 1, 2001 Fee will be \$580.00 Make Check Payable to Department of Slate 10. Election Campaign Financing 10. Election Campaign Financi	Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired		3.75 Add	litional	1
C T CORPORATION SYSTEM 120 SOUTH PIRE ISLAND RD. PLANTATION F.I. 33324 City FL Zip Code		6. Name and Address of Current I	Registered Agent	· · · · · ·		7.	Name and Address of New Regi				_
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	СT	CUBBUDATION SASTEM			Name						
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 Forida. SIGNATURE Signature, speak or prevent name of agrammed agent agent and tilt applicable. NOTE Registering degrees speaking or registered agent, or both, in the State of Forida. SIGNATURE 9. This corporation is eligible to satisfy its intang ble Tax filting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Addition to back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE WARE STREET ADDRESS OF THE STREET ADDRESS OF TH	1200	SOUTH PINE ISLAND RD.			Street Add	dress (P.O.	Box Number is Not Acceptable)				7
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 Forcice. SIGNATURE Signature, upon or private name of registered agent and file of agencia agent and file of agencia agent and file of agencia agencia and a legistered agent agent and a legistered agent and a legistered agent agent agent agent and a legistered agent	12,	VII. III OVE 0002			City			EI	Zip Code	e	-
SIGNATURE Signature, tyreic or private name of registered spert and fills ill application. (NOTE Registered Agent sprature required when remotaling) Public Corporation is elligible to satisfy its intangible Tax filling requirement and elects to do so.	P. The above	parmed catific submits this statement for	the number of shanning its	n ragiotore	office or r	registered a	annet or both in the State of Florida	لـ ـــــــــــــــــــــــــــــــــــ			-
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9. This corpo	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 2	'!!! FEE 001 Fee	IS \$150.00 will be \$55	0 50.00	10. Election Campaign Finance	ing			-
NAME STREET ADDRESS OITY-ST-ZP ATLANTA GA 30339 TITLE PO RTCHIE, ALLEN W STREET ADDRESS STREET ADDRESS OITY-ST-ZP ATLANTA GA 30339 OITY-ST-ZP TITLE PO RTCHIE, ALLEN W STREET ADDRESS STREET ADDRESS OITY-ST-ZP TITLE STREET ADDRESS OITY-ST-ZP TITLE NAME STREET ADDRESS OI	11.		DIRECTORS	12.		Α	DDITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	S IN 11	1_
NAME STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP NAME HUTTO, RANDOLPH L M STREET ADDRESS CITY-ST-ZIP NAME HUTTO, RANDOLPH L M STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP NAME HUTTO, RANDOLPH L M STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP TITLE USA CITY-ST-ZIP TITLE USA CITY-ST-ZIP VFT LESHYNSKI, CARYN D STREET ADDRESS CITY-ST-ZIP TITLE LESHYNSKI, CARYN D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	NAME STREET ADDRESS	MC DOWELL, DAVID 2840 MT WILKINSON PARKWAY ATLANTA GA 30339	☐ Delete	NAM STRE	E ET ADDRESS	See a	attached addendum		Change	Addition	E034 (10/
NAME STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP TITLE VPT Delete URSHYNSKI, CARYN D 2840 MT WILKINSON PARKWAY ATLANTA GA 30339 CITY-ST-ZIP TITLE VPT Delete TITLE NAME LESHYNSKI, CARYN D 2840 MT WILKINSON PARKWAY ATLANTA GA 30339 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	NAME STREET ADDRESS	RITCHIE, ALLEN W 2840 MT WILKINSON PARKWAY ATLANTA GA 30339	Delete	NAMI STRE	E Et address	_	3000038 -03/13/0 ******61	512 1-01	53 106	009	983
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling ploes 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 prive 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 ecceiver or trustee empowered to bexecute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	LESHYNSKI, CARYN D 2840 MT WILKINSON PARKWAY	☐ Delete	NAM! STRE	E ET ADDRESS			_] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	NAMI STRE	ET ADDRESS			Ē] Change	Addition	
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SIGNATURE: SIGNATURE IND TYPE OF PRIMED NAME OF SIGNING OFFICER OF DIRECTOR Date	indicated of the cor changed,	on this report or expolemental report of poration or the feceiver or trustee empor or on an attachment with an address, v	true and accurate and that wered to execute this repor ith all other like empowered	my signat t as requii I.	ure shall hav red by Chap	ve the same ter 607, Flo	e legal effect as if made under cath rida Statutes; and that my name ap	; that I am pears in B	an officer lock 11 or	nformation or director Block 12 if	1

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Per-Se Technologies, Inc.

A. <u>Directors</u>

David E. McDowell (Chairman of the Board) 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Roderick M. Hills 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

David R. Holbrooke, M.D. 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Kevin E. Moley 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Philip M. Pead 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

John C. Pope 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

C. Christopher Trower, Esq. 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

B. Officers

David E. McDowell, Chairman of the Board 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Philip M. Pead, President and Chief Executive Officer 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

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Chris E. Perkins, Executive Vice President and Chief Financial Officer 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Karen B. Andrews, Senior Vice President, Professional Services 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

William N. Dagher, Senior Vice President, e-Health Operations and Chief Information Officer 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Mary C. Blackadar, Vice President and Corporate Controller 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Michael K. Callahan, Vice President, Corporate Finance 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Paul H. Gleis, Vice President, Chief Compliance Officer 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Michele L. Howard, Vice President, Investor Relations 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Caryn D. Leshynski, Vice President and Treasurer 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Joanne L. Voorhees, Vice President, Marketing and Corporate Communications 2840 Mt. Wilkinson Parkway Atlanta, GA 30339

Robert Q. Jones, Jr., Assistant Secretary 2840 Mt. Wilkinson Parkway Atlanta, GA 30339