

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001310 (8)
 1. Corporation Name
THE MEDSTAT GROUP, INC.

Principal Place of Business 1 STATION PL STAMFORD CT 06902	Mailing Address 1 STATION PL STAMFORD CT 06902
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/14/1997	
4. FEI Number APPLIED FOR 06-1467923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVS <input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL S
STREET ADDRESS	1 STATION PL
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAUL, JAMES GORDON
STREET ADDRESS	1 STATION PL
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHLEGAL, WILLIAM A
STREET ADDRESS	5 PARAGON DR
CITY-ST-ZIP	MONTVALE NJ 07845-1742
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	EHLERS, DAWN L
STREET ADDRESS	1 STATION PL
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	FRIEDLAND, EDWARD A
STREET ADDRESS	1 STATION PL 4TH FLR
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	HULLARD, DAVID J
STREET ADDRESS	1 STATION PL
CITY-ST-ZIP	STAMFORD CT 06902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURENCE J HAGERTY
1.3 STREET ADDRESS	777 E EISENHOWER PKWY
1.4 CITY-ST-ZIP	ANN ARBOR, MI 48108
2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLENN COLE
2.3 STREET ADDRESS	777 E EISENHOWER
2.4 CITY-ST-ZIP	ANN ARBOR, MI 48108
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 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.

CR2E034 (10/97)