**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700006068 1. Corporation Name

MEDRISK, INC.

Principal Place of Rusiness

Mailing Address

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90073 012 \*\*\*150.00



or Dusiness						
SON RD., STE. 307 SIA PA 19406	700 S. HENDERSON RD., STE. 303 KING OF PRUSSIA PA 19406	7				
			DO NOT WRITE IN THIS SI	PACE		
			3. Date Incorporated or Qualifed			
			11/17/1997			
ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
			23-2788593	Not Applicable		
		(/>(AFA) C)		\$8.75 Additional		
			5. Certifcate of Status Desired	Fee Required		
				\$5,00 May Be		
1 A ( DA		· D10		Added to Fees		
	- 1011 at		· ' · · · · · · · · · · · · · · · · · ·	Yes No		
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9. Name and Address of Current	Registered Agent	04 Name	10. Name and Address of New Registered Ag	Jenr		
TOU COMMIT		Name				
•		82 Street Address (P.O. Box Number is Not Acceptable)				
AHASSEE FL 32303		83				
		OA City		85 Zip Code		
•		City	· FL	21p 0000		
to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named co	rporation submits this statement for the purpose of ch	nanging 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				
Signature, typed or printed name of registered agent a		red Agent signature requ	uired when reinstating) DATE			
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Register		ADDITIONS/CHANGES TO OFFICERS AND			
	and title if applicable. (NOTE: Register DIRECTORS 13	3.	ADDITIONS/CHANGES TO OFFICERS AND	Change		
OFFICERS AND	and title if applicable. (NOTE: Register DIRECTORS 1:	3.	ADDITIONS/CHANGES TO OFFICERS AND	Change		
OFFICERS AND CP BOYCE, SHELLEY L	and title if applicable. (NOTE: Register DIRECTORS 1.1  DELETE 1.1	3.	ADDITIONS/CHANGES TO OFFICERS AND	Change		
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	ace of Business  Yeldom Business Yeldom Business Ctr  #, etc.  300  Country  -1332 25 USA  9. Name and Address of Current  TON, EDWIN F  THOMASVILLE RD.  AHASSEE FL 32303	AHASSEE FL 32303  Ace of Business  Yeedom Business  Za. Mailing Address  Suite, Apt. #, etc.  27 Suite, 300  City & State  28 King of Pruss  Zip  29 19406 - 1332 30  9. Name and Address of Current Registered Agent  TON, EDWIN F  THOMASVILLE RD.  AHASSEE FL 32303	ACE OF Business  Verdom Business  Cotty  Suite, Apt. #, etc.  27  28  City & State  Country  -1332 25  VSA  29  1940 - 1332 30  VSA  9. Name and Address of Current Registered Agent  B1  Name  B1  Name  B1  Name  B2  Street Act  B3  B4  City  On the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named consistered agent or both in the State of Florida Such change was authorized by the corporate of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named consistered agent or both in the State of Florida Such change was authorized by the corporate of the corpora	A PA 19406  KING OF PRUSSIA PA 19406  DO NOT WRITE IN THIS S  3. Date Incorporated or Qualifed 11/17/1997  4. FEI Number 23-2788593  4. FEI Number 23-2788593  5. Certifcate of Status Desired  City & State  Country  Country  29 1996 - 133 30 USA  9. Name and Address of Current Registered Agent  TON, EDWIN F THOMASVILLE RD. AHASSEE FL 32303  Registered event or both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the comporation's board of directors. I hereby accept the appoint		

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP