

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-20-1999 90073 012 ***150.00

DOCUMENT # F97000006068

1. Corporation Name
MEDRISK, INC.

Principal Place of Business
700 S. HENDERSON RD., STE. 307
KING OF PRUSSIA PA 19406

Mailing Address
700 S. HENDERSON RD., STE. 307
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

23-2788593

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 640 Freedom Business ctr

Suite, Apt. #, etc.

22 Suite 300

City & State

23 King of Prussia, PA

Zip Country

24 19406-1332 25 USA

2a. Mailing Address

26 640 Freedom Business ctr

Suite, Apt. #, etc.

27 Suite 300

City & State

28 King of Prussia, PA

Zip Country

29 19406-1332 30 USA

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE RD.
TALLAHASSEE FL 32303

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 CP ☐ DELETE
NAME BOYCE, SHELLEY L
STREET ADDRESS 700 S. HENDERSON RD., STE. 307
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE DT ☐ DELETE
NAME POOLE, JERRY D
STREET ADDRESS 700 S. HENDERSON RD., STE. 307
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE D ☒ DELETE
NAME KREIDER, STEVEN
STREET ADDRESS 700 S. HENDERSON RD., STE. 307
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE S ☐ DELETE
NAME LAIRSON, PATRICIA A
STREET ADDRESS 700 S. HENDERSON RD., STE. 307
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☒ Change ☐ Addition
1.2 NAME Boyce, Shelley L
1.3 STREET ADDRESS 640 Freedom Business ctr, Ste 300
1.4 CITY-ST-ZIP King of Prussia, PA 19406-1332

2.1 TITLE DT ☒ Change ☐ Addition
2.2 NAME Poole, Jerry D
2.3 STREET ADDRESS 640 Freedom Business ctr, Ste 300
2.4 CITY-ST-ZIP King of Prussia, PA 19406-1332

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Kreider, Steven
3.3 STREET ADDRESS 640 Freedom Business ctr, Ste 300
3.4 CITY-ST-ZIP King of Prussia, PA 19406-1332

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Lairson, Patricia A
4.3 STREET ADDRESS 640 Freedom Business ctr, Ste 300
4.4 CITY-ST-ZIP King of Prussia, PA 19406-1332

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Hart, Jane
5.3 STREET ADDRESS 640 Freedom Business ctr, Ste 300
5.4 CITY-ST-ZIP King of Prussia, PA 19406-1332

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Shelley L. Boyce Pres

4/14/99

610-768-5812

Date

Daytime Phone #

CR2E034 (11/98)