2/2/1998 3-1241-C

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006181 (8)**

1. Corporation Name
NEXUS HEALTHCARE INFORMATION CORPORATION

Principal Place of Business	Mailing Address
11410 ISAAC NEWTON SQ. RESTON VA 20190	11410 ISAAC NEWTON SQ. RESTON VA 20190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1997

2. Principal Place of Business	2a. Mailing Address
21 3630 Ave N	26
Suite, Apt. #, etc. 22 3500 Bldg, Suite 115	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg	City & State 28
Zip / Country 24 33713 / 25	Zip / Country 29 / 30

4. FEI Number: 54-1802406 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	LORENZ, EUGENE W		1.2 NAME		
STREET ADDRESS	~~11410 ISAAC NEWTON SQ.~~		1.3 STREET ADDRESS	3500 Bldg, Suite 115 3630 AVE N.	
CITY-ST-ZIP	~~RESTON VA 20190~~		1.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D/Senior Vice President	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JONES-BURNS, MARLEETA		2.2 NAME		
STREET ADDRESS	~~11410 ISAAC NEWTON SQ.~~		2.3 STREET ADDRESS	3500 Bldg, Suite 115 3630 AVE N.	
CITY-ST-ZIP	~~RESTON VA 20190~~		2.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLEVERLY, WILLIAM O		3.2 NAME		
STREET ADDRESS	1550 OLD HENDERSON RD., STE. S277		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43220-3626		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANOVA, JOHN L		4.2 NAME		
STREET ADDRESS	11410 ISAAC NEWTON SQ.		4.3 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	WEBSTER, DAVID A		5.2 NAME		
STREET ADDRESS	~~11410 ISAAC NEWTON SQ.~~		5.3 STREET ADDRESS	1501 Highland Road	
CITY-ST-ZIP	~~RESTON VA 20190~~		5.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOWER, PETER L		6.2 NAME		
STREET ADDRESS	11410 ISAAC NEWTON SQ.		6.3 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 20190		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

703