

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000007130**

1. Entity Name

INFOCURE SYSTEMS, INC.**FILED**
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90006 028 ***150.00

C0031723



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1765 THE EXCHANGE, SUITE 450
ATLANTA GA 303391765 THE EXCHANGE, SUITE 450
ATLANTA GA 30339-2087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2359731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CEO									
	FINE, FREDERICK L	1765 THE EXCHANGE, SUITE 450	ATLANTA GA 30339							
	EVP									
	PRICE, JAMES K	1765 THE EXCHANGE, SUITE 450	ATLANTA GA 30339							
	C									
	PERLMAN, RICHARD E	1765 THE EXCHANGE, SUITE 450	ATLANTA GA 30339							
	CFO			<input checked="" type="checkbox"/>						
	CONNELL, LANCE	1765 THE EXCHANGE, STE. 450	ATLANTA GA 30339							
						CFO				<input checked="" type="checkbox"/>
						COCHRAN, AL	1765 THE EXCHANGE STE. 450	ATLANTA, GA 30339		

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 receiver 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AL COCHRAN

2-22-00 (770) 857 4600

CR2E034 (9/99)