

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000000031**1. Entity Name  
**PARKSTONE MEDICAL INFORMATION SYSTEMS, INC.****Principal Place of Business**2400 N. COMMERCE PARKWAY  
SUITE 300  
WESTON  
33326

FL

**Mailing Address**2400 N. COMMERCE PARKWAY  
SUITE 300  
WESTON  
33326

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0870517**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD****PLANTATION**  
**33324**

US

FL

**7. Name and Address of New Registered Agent**

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)

**05/03/2001**

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARKER GLENN M	
STREET ADDRESS	169 DOCKSIDE CIRCLE	
CITY-ST-ZIP	WESTON FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	STONE LEWIS P	
STREET ADDRESS	6618 NW 103 LANE	
CITY-ST-ZIP	PARKLAND FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGLOYER DON	
STREET ADDRESS	2400 N COMMERCE PKWY STE 300	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERR DON	
STREET ADDRESS	2400 N COMMERCE PKWY STE 300	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS PETER	
STREET ADDRESS	2400 N COMMERCE PKWY STE 300	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON JOHN	
STREET ADDRESS	2400 N COMMERCE PKWY STE 300	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

**SIGNATURE: PETER HARRIS**

COO

05/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**TOM MCKINLEY, D**  
**50 CALIFORNIA ST STE 3200**

**SAN FRANCISCO, CA 94111**

**ANN LAMONT, D**  
**4 ASHTON DR**

**GREENWICH, CT 06831**

**JOHN CLARKE, D**  
**221 NASSAU ST**

**PRINCETON, NJ 08542**

**DAVID WARD, D**  
**30 BURTON HILLS BLVD**  
**STE 370**  
**NASHVILLE, TN 37215**

**DAVID WAGNER, EVP**  
**2400 N COMMERCE PKWY STE 300**

**WESTON, FL 33326**

**DAVID ROACH, VP**  
**2400 N COMMERCE PKWY STE 300**

**WESTON, FL 33326**