FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

97 MAR 10 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06046 (1)

1. Corporation Name
PROXYMED, INC.

Principal Place of Business	Mailing Address
2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317 US	2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317-7424 US

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0202059 — ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☒ — $8.75 Additiona Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLUE, HAROLD
2501 DAVIE RD
SUITE 230
FT LAUDERDALE FL 33317

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 regist 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 registe 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BLUE, HAROLD 2501 DAVIE RD. #230 FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Gampel, Harry A. 2501 Davie Rd, #230 Fort Lauderdale, FL 33317	☐ Change ☒ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUINAN, JACK 2501 DAVIE RD SUTIE 230 FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Guinan, Jack P. 2501 Davie Road, #230 Fort Lauderdale, FL 33317	☒ Change ☐ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MANSFIELD, GARY 2501 DAVIE RD. #230 FT. LAUDERDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Kaplan, Samuel X. 2501 Davie Rd. #230 Fort Lauderdale, FL 33317	☐ Change ☒ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARKS, BENNETT CPA 2501 DAVIE RD #230 FT. LAUDERDALE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Polan, Bertram J. 2501 Davie Rd. #230 Fort Lauderdale, FL 33317	☐ Change ☒ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARDI, TRAVIS 2501 DAVIE RD. #230 FT LAUDERDALE	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900002110789--2 -03/12/97--01020--003 ****173.75 ****173.75	☐ Change ☐ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EUGENE, TERRY R 2501 DAVIE RD. #230 FT LAUDERDALE	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D. Alan 3/10/97	☐ Change ☐ Ac

14. I do 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 oat 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.

SIGNATURE: [signature] Marks, V.P. [signature] (954) 473-1001