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

FILED
Mar 16 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 # 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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0202059 ☐ 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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	BLUE, HAROLD		1.2 NAME	GAMPEL, HARRY A	
STREET ADDRESS	2501 DAVIE RD. #230		1.3 STREET ADDRESS	2501 Davie Rd, #230	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		1.4 CITY-ST-ZIP	Fort Lauderdale FL 33317	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	QUINAN, JACK		2.2 NAME	QUINAN, JACK	
STREET ADDRESS	2501 DAVIE RD SUTIE 230		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	MANSFIELD, GARY		3.2 NAME	KAPLAN, SAMUEL X.	
STREET ADDRESS	2501 DAVIE RD. #230		3.3 STREET ADDRESS	2501 Davie Rd, #230	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Fort Lauderdale FL 33317	
TITLE	VP	☐ DELETE	4.1 TITLE	VP/Treasurer	☒ Change ☐ Addition
NAME	MARKS, BENNETT CPA		4.2 NAME		
STREET ADDRESS	2501 DAVIE RD #230		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	LEONARDI, TRAVIS		5.2 NAME	PUTHOFF, FRANK M.	
STREET ADDRESS	2501 DAVIE RD. #230		5.3 STREET ADDRESS	2501 Davie Road, #230	
CITY-ST-ZIP	FT LAUDERDALE		5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	EUGENE, TERRY R		6.2 NAME	POLAN, BERTRAM J	
STREET ADDRESS	2501 DAVIE RD. #230		6.3 STREET ADDRESS	2501 Davie Rd, #230	
CITY-ST-ZIP	FT LAUDERDALE		6.4 CITY-ST-ZIP	Fort Lauderdale FL 33317	

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.

SIGNATURE: Frank M. Puthoff 1/28/98 (954)473-7001