

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
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DOCUMENT # **L06046** (1)
1. Corporation Name
PROXYMED, INC.

Principal Place of Business 2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317 US	Mailing Address 2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0202059		Applied For ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

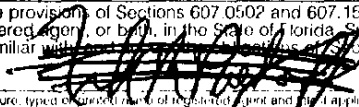
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

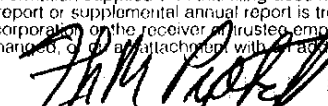
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Director
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	2.1 TITLE	QUINAN, JACK
NAME	QUINAN, JACK	2.2 NAME	QUINAN, JACK
STREET ADDRESS	2501 DAVIE RD SUITE 230	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	Director
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	4.1 TITLE	VP/Treasurer
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	5.1 TITLE	Secretary
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 LAUDEDALE FL 33317
TITLE	D	6.1 TITLE	Director
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

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 in an attachment with my address.

SIGNATURE:  **Frank M. Puthoff** 1/28/98 (954) 473-1001

CR2E034 (10/97)