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

0299457

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Feb 27, 1999 8:00 am**
**Secretary of State**
02-27-1999 90081 023 ***158.75

DOCUMENT # **L06046**

1. Corporation Name
**PROXYMED, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2501 DAVIE RD.<br>230<br>FT. LAUDERDALE FL 33317<br>US | 2501 DAVIE RD.<br>230<br>FT. LAUDERDALE FL 33317<br>US |

DO NOT WRITE IN THIS SPACE

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2555 Davie Road | 26 2555 Davie Road |
| Suite, Apt. #, etc.<br>22 Suite 110 | Suite, Apt. #, etc.<br>27 Suite 110 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 65-0202059 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☑ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BLUE, HAROLD<br>2501 DAVIE RD<br>SUITE 230<br>FT LAUDERDALE FL 33317 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) 2555 Davie Road,<br>83 Suite 110<br>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 _____ 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 | CEO | ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | BLUE, HAROLD | | 1.2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD. #230 | | 1.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | | 1.4 CITY-ST-ZIP | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | GUINAN, JACK | | 2.2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD SUTIE 230 | | 2.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | | 2. 4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | KAPLAN, SAMUEL X | | 3.2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD, #230 | | 3.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | | 3.4. CITY-ST-ZIP | |
| TITLE | VPT | ☐ DELETE | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | MARKS, BENNETT CPA | | 4. 2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD #230 | | 4.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 4.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | PUTHOFF, FRANK M | | 5.2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD. #230 | | 5.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT LAUDERDALE 33317 | | 5.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | EUGENE, TERRY R | | 6.2 NAME | |
| STREET ADDRESS | 2501 DAVIE RD. #230 | | 6.3 STREET ADDRESS | 2555 Davie Road, #110 |
| CITY-ST-ZIP | FT LAUDERDALE | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

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, with all other like empowered.

**SIGNATURE:** Harold Blue 1/11/99 (954)473-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harold S. Blue