

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90021 019 ***550.00

DOCUMENT # L06046 1. Entity Name PROXYMED, INC.					
Principal Place of Business 1854 SHACKLEFORD COURT SUITE 200 NORCROSS, GA 30093 US			Mailing Address 1854 SHACKLEFORD COURT SUITE 200 NORCROSS, GA 30093 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1901 E. ALTON AVE. 100			
City & State		City & State SANTA ANA, CA		4. FEI Number 65-0202059	
Zip 92705	Country US	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LETTKO, JOHN G 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O HUDAK, JAMES B. 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HAYDEN, GERARD 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SIMCOE, MARK R. 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLEMING, PETER E III 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D/S 1901 E. ALTON AVE., #100 SANTA ANA, CA 92705	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, SAM 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPERMAN, EDWIN 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, EUGENE 1854 SHACKLEFORD COURT, #200 NORCROSS, GA 30093	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, or other like empowered.					
SIGNATURE: _____ PETER E. FLEMING, III JUNE 6, 2008 (949) 852-3400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT
40109928

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#11 ADDITIONS TO OFFICERS

P
HARDIN, LONNIE W.
1901 E. ALTON AVE., #100
SANTA ANA, CA 92705

EVP
ARNSON, ERIC D.
2533 CENTENNIAL BOULEVARD, SUITE B
JEFFERSONVILLE, IN 47130

CIO
KHALIL, ADNANE
1854 SHACKLEFORD COURT, #200
NORCROSS, GA 30093

EVP
MYERS, ALLISON W.
1854 SHACKLEFORD COURT, #200
NORCROSS, GA 30093

EVP
STUBBS, TERESA D.
2533 CENTENNIAL BOULEVARD, SUITE B
JEFFERSONVILLE, IN 47130