FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 AM 8:18

DOCUMENT # L75237 (2)

1. Corporation Name
MEDICAL DATA SOLUTIONS, INC.

Principal Place of Business	Mailing Address
C/O CARL R. PENNINGTON, JR. 3520 THOMASVILLE RD. SUITE 200 TALLAHASSEE FL 32308	C/O CARL R. PENNINGTON, JR. 3520 THOMASVILLE RD. SUITE 200 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1990
3a. Date of Last Report: 01/24/1994

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: 59-3007745 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PENNINGTON, CARL R., JR.
3375-A CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

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 _____ 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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DEEB, AL E.	1.2 NAME	Bonnie Bailey
STREET ADDRESS	1626 N. PLAZA DR.	1.3 STREET ADDRESS	5976 Miller Landing Cove
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL. 32312
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	COOPER, CHARLES L.	2.2 NAME	Art Carlson
STREET ADDRESS	2414 E. PLAZA DR.	2.3 STREET ADDRESS	6329 Coach House Ct.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL. 32312
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	JUDELLE, JESSE L.	3.2 NAME	Maureen C. Ward
STREET ADDRESS	1401 CENTERVILLE RD.	3.3 STREET ADDRESS	4619 Highgrove Rd.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL. 32308
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	LONG, WILLIAM D.	4.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD.	4.3 STREET ADDRESS	Delete only four Directors
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	D ☐ Change ☐ Addition
NAME	MAHONEY, JOHN P.	5.2 NAME	
STREET ADDRESS	1699 EIDER COURT	5.3 STREET ADDRESS	806 Ivanhoe Rd.
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL. 32312
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	MCCOY, TERENCE P.	6.2 NAME	
STREET ADDRESS	1636 N. PLAZA DR.	6.3 STREET ADDRESS	Delete only four Directors
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information contained with this filing is voluntarily furnished and 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 with an indication that I am a new officer or director.

SIGNATURE: [signature] 1/18/95 (904)668-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John P. Mahoney, MD

0027151 CP