1. Entity Nam		TC:		FILED		
Principal Plac 8529 SIX FOR RALEIGH NC	KS RD.	Mailing Address 8529 SIX FORKS RD. RALEIGH NC 27615		O1 JAN 22 PM 4: SECRETARY OF STAT TALLAHASSEE, FLORI	2 9 16 10 1111 1111 1111 111	<u>'i (1)() 11</u> (
2. Principal P	lace of Business	3. Mailing Address			AVII BENIE HEND IVEN WOR	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TI	HIS SPACE	
City & Stat	e	City & State	<u>· </u>	4. FEI Number 56-1306083		ed For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addition	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Register	ed Agent	
1201 HAY	ATION SERVICE COMPANY S STREET		Street Addres	s (P.O. Box Number is Not Acceptable)		
IALLAHA	SSEE FL 32301-2525		City		FL Zip Code	
SIGNATURE .	Signature, typed or printed name of registered	FILE I	NOW!!! FEE IS \$50.00 Payable to Department	0	TE .	
9.	MANAGING N	MEMBERS/MEMBERS	10.	ADDITIONS/CHANG	3ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	60000357 -01/26/01 *****50.	010520	15],
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-2/19		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition
11. I hereby o	certify that the information supplie	a with this tiling does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the infor	mation

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1 - 17 - c/

Updated 1-16-01

MEDIC COMPUTER SYSTEMS,LLC

Company Information

Headquarters

8529 Six Forks Road Raleigh, NC 27615 Main Phone 919-847-8102 Main Fax 919-846-1555 www.medic.com

Board of Directors

Misys plc	
• •	Misys plc Burleigh House, Chapel Oak, Salford Priors
	Worcestershire WR11 5SH
Assistant:	
Myfanwy Chaloner	Phone: 011-44-138-687-1373
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	Worcestershire WR11 5SH
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Chief Financial Officer	"
A i - A A	Raleigh, NC 27615
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	Myfanwy Chaloner Managing Director Misys plc Assistant: Ann Haldane President and CEO Assistant:

Corporate Officers

Denis Connaghan	Senior Vice President	Medic Computer Systems
1	Practice Management Systems	8529 Six Forks Road
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	Assistant:	raiogn, no 27010
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·		7 EX. 010 040 1000
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į	Gina Jones, Ext. 1490	Phone: 919-847-8102
	Onia polico, Ext. 1400	Fax: 919-846-6853
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Lagerie Callegry	Medic PM South Sales	Carolina Research Park
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Fronk Waterbasses		Fax: 512-329-6020
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