

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90102 044 \*\*\*150.00

**DOCUMENT # P05822**

1. Corporation Name  
**MEDIC COMPUTER SYSTEMS, INC.**



Principal Place of Business

8601 SIX FORKS ROAD  
SUITE 300  
RALEIGH NC 27615

Mailing Address

8601 SIX FORKS ROAD  
SUITE 300  
RALEIGH NC 27615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1985

4. FEI Number

56-1306083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE  
NAME O'LEARY, MICHAEL KEVIN  
STREET ADDRESS 8601 SIX FORKS RD, STE 300  
CITY-ST-ZIP RALEIGH NC 27615

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MCCONNELL, JOHN  
STREET ADDRESS 8601 SIX FORKS ROAD, SUITE 300  
CITY-ST-ZIP RALEIGH NC 27615

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LOMAX, KEVIN  
STREET ADDRESS BURLEIGH HOUSE, CHAPEL OAK, SALFORD PRIORS  
CITY-ST-ZIP WORCHESTERSHIRE WR11 5SH

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SUSSENS, JOHN GILBERT  
STREET ADDRESS 14 FLORAL ST  
CITY-ST-ZIP LONDON WC2E 9DH

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPE ☐ DELETE  
NAME ANTHONY, G. MICHAEL  
STREET ADDRESS 8601 SIX FORKS ROAD, SUITE 300  
CITY-ST-ZIP RALEIGH NC 27615

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VPSM ☐ DELETE  
NAME HOWARD, KENNETH B  
STREET ADDRESS 8601 SIX FORKS ROAD, SUITE 300  
CITY-ST-ZIP RALEIGH NC 27615

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Mar 99 919-848-5740

Date

Daytime Phone #

CR2E034 (1/1/98)