

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05822

1. Entity Name

MEDIC COMPUTER SYSTEMS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90076 029 ***150.00

Principal Place of Business

Mailing Address

8601 SIX FORKS ROAD
SUITE 300
RALEIGH NC 27615

8601 SIX FORKS ROAD
SUITE 300
RALEIGH NC 27615-2965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1306083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: SEE attached
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: STUART REID SEFF Stewart 19 Jan 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)