

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

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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09096 (9)
 1. Corporation Name
MANAGEMENT SYSTEMS ASSOCIATES, INC. (NORTH CAROLINA) DBA a4 HEALTH SYSTEMS

Principal Place of Business 5580 CENTERVIEW DR. RALEIGH NC 27606-3364	Mailing Address 5580 CENTERVIEW DR. RALEIGH NC 27606-3364
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2. Principal Place of Business 21 5501 DILLARD DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 5501 DILLARD DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/14/1986	3a. Date of Last Report 03/05/1996
22 City & State 23 CARY, NC		27 City & State 28 CARY, NC		4. FEI Number 56-0986374	Applied For Not Applicable
24 Zip 27511	25 Country U.S.	29 Zip 27511	30 Country U.S.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 CARY, NC		28 CARY, NC		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 27511		29 27511		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

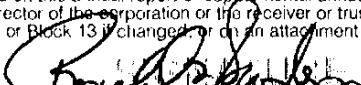
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HICKMAN, CARROLL W. 5580 CENTERVIEW DR. RALEIGH NC ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 5501 DILLARD DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARBORD, RONALD L. 5580 CENTERVIEW DR. RALEIGH NC ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 5501 DILLARD DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URA, STEPHEN M. 5580 CENTERVIEW DR. RALEIGH NC ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 5501 DILLARD DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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.

SIGNATURE:  **REQUIRED** **Ronald L. Scarboro, CFO** 1/20/97 (919) 851-6177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)