

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P19736 (8)

1. Corporation Name

ALLTEL HEALTHCARE INFORMATION SERVICES, INC.

500001787153  
-04/19/96--01039--022  
\*\*\*125.00



Principal Place of Business

4001 RODNEY PARHAM RD.  
LITTLE ROCK AR 72212

Mailing Address

200 ASHFORD CENTER NORTH  
ATLANTA GA 30338

3. Date Incorporated or Qualified

06/21/1988

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 their application

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MONTGOMERY, MICHAEL E  
STREET ADDRESS 77 EL DORADO  
CITY-ST-ZIP LITTLE ROCK AR 72212 ☒ DELETE

TITLE S  
NAME STANFIELD, PAUL W  
STREET ADDRESS 2000 TOPF ROAD  
CITY-ST-ZIP NORTH LITTLE ROCK AR 72216 ☒ DELETE

TITLE T  
NAME HUBBARD, WILLIAM A  
STREET ADDRESS 3150 STERNER RD.  
CITY-ST-ZIP CONWAY AR 72032 ☒ DELETE

TITLE D  
NAME STEURI, JOHN  
STREET ADDRESS 52 RIVER RIDGE RD.  
CITY-ST-ZIP LITTLE ROCK AR 72227 ☐ DELETE

TITLE D  
NAME FORD, JOE T  
STREET ADDRESS 2100 COUNTRY CLUB LANE  
CITY-ST-ZIP LITTLE ROCK AR 72207 ☐ DELETE

TITLE D  
NAME CRAVENS, WILLIAM L  
STREET ADDRESS ONE TREETOPS LANE  
CITY-ST-ZIP LITTLE ROCK AR 72202 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME William L. Cravens  
1.3 STREET ADDRESS One Treetops Lane  
1.4 CITY-ST-ZIP Little Rock, AR 72202 ☒ Change ☐ Addition

2.1 TITLE Secretary  
2.2 NAME Michael L. Gravelle  
2.3 STREET ADDRESS 1709 North Monroe Street  
2.4 CITY-ST-ZIP Little Rock, AR 72207 ☒ Change ☐ Addition

3.1 TITLE Treasurer  
3.2 NAME Jeffrey H. Fox  
3.3 STREET ADDRESS 4001 Rodney Parham Road  
3.4 CITY-ST-ZIP Little Rock, AR 72212 ☒ Change ☐ Addition

4.1 TITLE Director  
4.2 NAME Jon E. Jacoby  
4.3 STREET ADDRESS 7400 Beck Road  
4.4 CITY-ST-ZIP Little Rock, AR 72212 ☐ Change ☒ Addition

5.1 TITLE Director  
5.2 NAME Tom T. Orsini  
5.3 STREET ADDRESS 3809 Ridge Road  
5.4 CITY-ST-ZIP North Little Rock, AR 72216 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
300001787153  
-04/19/96--01039--021  
\*\*\*75.00  
4-15-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Michael L. Gravelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

501 220 7070

DATE OF FILING

CR2E034 (12/95)