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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P24826 (0)

1. Corporation Name  
AMISYS MANAGED CARE SYSTEMS, INC.

Principal Place of Business

30 W GUDE DRIVE  
ROCKVILLE MD 20850  
US

Mailing Address

~~70 PINE STREET~~  
~~27TH FLOOR~~  
~~NEW YORK NY 10270-0002~~  
US



2. Principal Place of Business  
21 30 W. Gude Drive

Suite, Apt. #, etc.

22 City & State  
23 Rockville, MD 20850  
24 Zip 25 Country

2a. Mailing Address  
26 30 W. Gude Drive

Suite, Apt. #, etc.

27 City & State  
28 Rockville, MD 20850  
29 Zip 30 Country

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

05/31/1996

4. FEI Number

13-3355918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCEO	BROWN, KEVIN	30 W GUDE DR	ROCKVILLE MD 20850	<input type="checkbox"/>
V	SULLIVAN, ROBERT	30 W. GUDE DRIVE	ROCKVILLE MD 20850	<input type="checkbox"/>
V	CARLAY, MICHAEL	30 W. GUDE DRIVE	ROCKVILLE MD 20850	<input type="checkbox"/>
V	WALTERS, MARK	30 W. GUDE DRIVE	ROCKVILLE MD 20850	<input type="checkbox"/>
D	COX, HOWARD	GREYLOCK EQUITY, LP	BOSTON MA	<input type="checkbox"/>
D	HEBB, DONALD	ALEX BROWN CAPITAL PARTNERS	BALTIMORE MD	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
S	JULIA Polzone	30 W. Gude Drive	Rockville MD 20850	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
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:

*[Signature]* JULIA Polzone

3/31/97

Date

301-251-8600

Daytime Phone #

0497068

CR2E034 (9/96)