

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA H. MCKAY
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

600 MAY - 1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25959 (8)

Incorporated in:

HEALTH INFORMATION DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Corporation: 9302 LEE HIGHWAY, SUITE 600
FAIRFAX VA 22031
Main Office: 9302 LEE HIGHWAY, SUITE 600
FAIRFAX VA 22031

3. Date Incorporated or Created 09/08/1989	3a. Date of Last Report 05/01/1994
4. FIC Number 59-1676558	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 damages under Chapter 407, Florida Statutes ☐ Yes ☐ No	

2. Principal Office of Corporation 21	2a. Main Office 26
22. State of Incorporation 22	27. State of Main Office 27
23. City & State 23	28. City & State 28
24. 24	25. 25
29. 29	30. 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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. I, the undersigned, the person named in Sections 1901 and 1902, Florida Statutes, the person 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 1903, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

ATTEST

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME: P MICHELSON, LESLIE STREET ADDRESS: 2400 BROADWAY, SUITE 100 CITY: SANTA MONICA CA 90404	1. NAME: ☐ Change ☐ Addition
NAME: VT FINK, CARL STREET ADDRESS: 9302 LEE HIGHWAY, SUITE 600 CITY: FAIRFAX VA 22031	2. NAME: ☐ Change ☐ Addition
NAME: S FINIGAN, PAUL STREET ADDRESS: 22 WATERVILLE ROAD CITY: AVON CT 06001	3. NAME: ☐ Change ☐ Addition
NAME: D PATRICELLI, ROBERT STREET ADDRESS: 22 WATERVILLE ROAD CITY: AVON CT 06001	4. NAME: ☐ Change ☐ Addition
NAME: D MCBRIDE, WILLIAM STREET ADDRESS: 22 WATERVILLE ROAD CITY: AVON CT 06001	5. NAME: ☐ Change ☐ Addition
NAME: D SCHULMAN, STEPHEN STREET ADDRESS: 22 WATERVILLE ROAD CITY: AVON CT 06001	6. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correctly furnished and does not apply for the exemption stated in Sections 1901(7)(B)(b), Florida Statutes. I further certify that the information indicated on this annual report and all previous annual reports 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 owner or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed or corrected, shown with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 703-218-5500