FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:16

DOCUMENT # P32308 (9)

1. Corporation Name
MEDIFAX, INC.

Principal Place of Business
~~2700 CUMBERLAND PKWY~~
~~STE 510~~
~~ATLANTA GA 30339~~
~~US~~

Mailing Address
~~2700 CUMBERLAND PKWY~~
~~STE 510~~
~~ATLANTA GA 30339~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1990
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 6201 Powers Ferry Rd
Suite, Apt #, etc
22 Suite 250
City & State
23 Atlanta, GA
Zip
24 30339
County
25 Cobb

2a. Mailing Address
26 6201 Powers Ferry Rd
Suite, Apt #, etc
27 Suite 250
City & State
28 Atlanta, GA
Zip
29 30339
County
30 Cobb

4. FEI Number: 43-1235123 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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

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 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

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	DAYAI, JOHN H
STREET ADDRESS	3516 W. 101ST TERRACE
CITY, ST, ZIP	LEAWOOD KS
TITLE	CFO
NAME	HAINES, H HARGRETT
STREET ADDRESS	4620 CLUB VALLEY DR
CITY, ST, ZIP	ATLANTA GA
TITLE	PC
NAME	KLINGER, CHARLES A
STREET ADDRESS	890 POWERS DRIVE
CITY, ST, ZIP	ATLANTA GA
TITLE	V
NAME	BOLT, ANDREW
STREET ADDRESS	12819 LUCILLE
CITY, ST, ZIP	O.P. KS
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	[ ] Change [X] Addition
12 NAME	BRUCE K. ANDERSON	
13 STREET ADDRESS	Welsh, Carson, Anderson, Stowe 200 Liberty Ste #3601	
14 CITY, ST, ZIP	NEW YORK, NY 10281	
21 TITLE	D	[ ] Change [X] Addition
22 NAME	Dorace Schaffer, MD	
23 STREET ADDRESS	148 Oak Lane	
24 CITY, ST, ZIP	Rochester, NY 14610	
31 TITLE	D	[ ] Change [X] Addition
32 NAME	TONY LAZOS	
33 STREET ADDRESS	3625 RUFFIN Rd, Ste 200	
34 CITY, ST, ZIP	SAN DIEGO, CA 92123	
41 TITLE	D	[ ] Change [X] Addition
42 NAME	RICK STOWE	
43 STREET ADDRESS	200 Liberty Street, Suite 3601	
44 CITY, ST, ZIP	NEW YORK, NY 10281	
51 TITLE	CO-C	[ ] Change [X] Addition
52 NAME	ED SAMEK	
53 STREET ADDRESS	501 OFFICE CENTER DR #200	
54 CITY, ST, ZIP	FT WASHINGTON, PA 19034	
61 TITLE	D	[ ] Change [X] Addition
62 NAME	Randy Brown - MEDAPHIS CORP	
63 STREET ADDRESS	2700 Cumberland Pkwy, Ste 300	
64 CITY, ST, ZIP	Atlanta, GA 30339	

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 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-95
Date

Daytime Phone

0399255 FP