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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 07, 1999 8:00 am Secretary of State

	1999	DIVISION OF CO	RPORAT	IONS			•	7 ***150.0	vo
DOCUMENT # P36375 1. Corporation Name PHYSICIAN COMPUTER NETWORK, INC.							999 90009 01	/ ***150.0	- - -
1111310	MIN COMIL OTEN MENVOLING								-
De la Cal Dia		Maritim Addison					, <u></u> ç		
Principal Place of Business Mailing Address					l				=
1200 THE AMERICAN ROAD 1200 THE AMERICAN ROAD MORRIS PLAINS NJ 07950 MORRIS PLAINS NJ 07950					1				=
US US				DO NOT			T WRITE IN THIS	SSPACE	=
		-			[3. Date Incorporated or Qu 11/21/1991	alifed		{
2. Principal P	Place of Business	2a. Mailing Address		 ,		1, FEI Number	Turk (Magan)	₹.~ - Ap	plied For
21		26			}	22-2485688		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			***************************************				ired 🗆	\$8.75	Additional
22 27 27						5. Certificate of Status Des	irea 🗆	Fee Re	quired
	City & State City & State				7	6. Election Campaign Fina	ncing _	\$5.00	May Be
23 28						Trust Fund Contribution		Added t	
Zip				ountry 8. This corporation ow			ne current year Ir	tangible	}
24	25 29 30					Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent		T		0. Name and Address of	New Registered	Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			81			•			
1201 HAYES ST.			82	Street	Address	(P.O. Box Number is Not A	cceptable)		
STE. 105			83	}					
TALLAHASSEE FL 32301				<u> </u>					
			84	City			FI	85 Zip 0	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-named	corporati	on submits this statement t		_	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corp	oration's	board of directors. I hereby	accept the appo	intment as reg	gistered
agent. La	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	١.					j
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	required wher	n reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	-SV-	DELETE	1.1 TITLE		CFO			Change	K Addition
NAME 4	in a series and a series		12 NAME St		Ste	ven Cohn			
STREET ADDRESS			1.3 STREET ADDRESS 12		1200	DiThe Americ	añ79Rd		1
CITY-ST-ZIP	110 mile mi 11110 111 0 mm				Mori	ris Plains,	NJ 079	50	ļ
TITLE						retary, V.P,G		Change	X Addition
NAME	The software state of		22NAME Pa		Pau.	l Antinori		nsel	ĺ
STRÈET ADDRESS			2.3 STREET ADDRESS 12		1200	The Americ			
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		2.4 CITY-ST-ZIP MC		Mori	ris Plains,	NJ 079	50	ļ
TITLE			3.1 TITLE					☐ Change	☐ Addition
NAME .			3.2 NAME	:	1				}
STREET ADDRESS			3.3 STREE	TADDRESS :	1				
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		3.4. CITY- S		1				}
TITLE	P-	DELETE	4.1 TITLE					Change	☐ Addition
NAME	MORTELL, JACK		4. 2 NAME						
STREET ADDRESS	ARAB TUE AMERICAN POAC		4.3 STREET ADDRESS		:}				}
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		4.4 CITY-ST-ZIP						
TITLE	 	DELETE 6		5.1 TITLE				Change	Addition
NAME	President	100/	5.2 NAME	j	ł				
STREET ADDRESS	Carter Evans ADD 538		5.3 STREET	TADDRESS]				. }
City-St-Zip	1200 The America		5.4 CITY-S	T- <u>ZI</u> P	ļ				
TITLE	Name of the second seco		6.1 TITLE		1	,		Change	Addition
NAME	\		6.2 NAME		}	•			{
STREET ADDRESS			6.3 STREET	T ADDRESS					,

14. I 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 affactment with an address, with all other like empowered.

SIGNATURE:

V. P. Paul M. Antinori

CR2E034 (11/98)