

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P37683 (0)**  
1. Corporation Name  
**Oacis Healthcare Systems, Inc.**

Principal Place of Business: **100 Drakes Landing RD #100 Greenbrae, California 94904 US**  
Mailing Address: **Same**

2. Principal Place of Business: **21 California**  
Suite, Apt. #, etc.: **22 100 Drakes Landing RD #100**  
City & State: **23 Greenbrae, California**  
Zip: **24 94904** Country: **25 USA**  
2a. Mailing Address: **26 Oacis Healthcare Systems**  
Suite, Apt. #, etc.: **27 100 Drakes Landing RD #100**  
City & State: **28 Greenbrae, California**  
Zip: **29 94904** Country: **30 USA**

3. Date Incorporated or Qualified: **2-27-1992** 3a. Date of Last Report: **1-27-96**  
4. FEI Number: **68-0012790** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$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 South Pine Island Road  
Plantation, Florida 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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent or Registered Agent in Charge: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent or Registered Agent in Charge: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>(See attached)</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

**600001851356**  Change  Addition  
-06/05/96--01022--014  
\*\*\*200.00

**S-1-96**  
**JR**

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, by an attachment with an address.

SIGNATURE: **STEPHAN CHIKLIRI** 4/25/96 415 925-4486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)

P. 37683

2-2

**BOARD OF DIRECTORS & OFFICERS OF OACIS HEALTHCARE SYSTEMS**

**BOARD OF DIRECTORS**

Jim McCord, President & CEO  
**Oacis Healthcare Systems, Inc.**  
100 Drake's Landing Rd., Ste. 100  
Greenbrae, CA 94904  
415/925-0121  
415/925-4640 Fax

David Dominik, Managing Director  
**Information Partners**  
Two Copley Place  
Boston, MA 02116  
617-572-2178  
617-572-3274 Fax

Dennis Sisco, President  
**D & B Enterprises**  
187 Danbury Rd.  
Wilton, CT 06897  
203-834-4591  
203-834-4592 Fax  
DSISCO@Corp.DNB.com

William Younger, General Partner  
**Sutter Hill Ventures**  
755 Page Mill Rd., A200  
Palo Alto, CA 94304-1005  
415-493-5600  
415-858-1854

Al Crites  
**Interwest Partners**  
3000 Sand Hill Rd.  
Bldg. 3, Ste. 255  
Menlo Park, CA 94025-7112  
415-854-8585  
415-854-4706 Fax

**OFFICERS**

Jim McCord, President & CEO  
**Oacis Healthcare Systems, Inc.**  
100 Drake's Landing Rd., Ste. 100  
Greenbrae, CA 94904  
415/925-0121  
415/925-4640 Fax

Stephen Ghiglieri, CFO, VP Finance &  
Admin., Secretary  
**Oacis Healthcare Systems, Inc.**  
100 Drake's Landing Rd., Ste. 100  
Greenbrae, CA 94901  
415/925-0121  
415/925-4640 Fax