

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 I accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	(See attached)	<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
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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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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: *[Signature]* **STEPHAN CHICARRI** 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

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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