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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P37683 (0)
 1. Corporation Name
OACIS HEALTHCARE SYSTEMS, INC.



Principal Place of Business Mailing Address
100 DRAKE'S LANDING RD **100 DRAKE'S LANDING RD**
STE 100 **STE 100**
GREENBRAE CA 94904 **GREENBRAE CA 94904-3119**
US **US**

3. Date Incorporated or Qualified **02/27/1992** 3a. Date of Last Report **03/27/1996**
 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 Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, JIM	1.2 NAME	
STREET ADDRESS	100 DRAKE'S LANDING RD STE 100	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENBRAE CA 94904	1.4 CITY - ST - ZIP	
TITLE	CFOS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHIGLIERI, STEPHEN	2.2 NAME	
STREET ADDRESS	100 DRAKE'S LANDING RD STE 100	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENBRAE CA 94904	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINIK, DAVID	3.2 NAME	
STREET ADDRESS	TWO COPLEY PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02116	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISCO, DENNIS	4.2 NAME	
STREET ADDRESS	187 DANBURY RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON CT 06897	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGER, WILLIAM	5.2 NAME	
STREET ADDRESS	755 PAGE MILL RD. A200	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALO ALTO CA 94304-1005	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITES, AL	6.2 NAME	
STREET ADDRESS	3000 SAND HILL RD. BLDG. 3 STE 255	6.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA 94025-7112	6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE: _____ **CORP. COUNSELLOR** **JAMES KENNEDY** 2/25/97 415-925-4481
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)