


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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37683 (0)

1. Corporation Name
OACIS HEALTHCARE SYSTEMS, INC.



Principal Place of Business 100 DRAKE'S LANDING RD STE 100 GREENBRAE CA 94904 US	Mailing Address 100 DRAKE'S LANDING RD STE 100 GREENBRAE CA 94904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/27/1992	
4. FEI Number 68-0012790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MCCORD, JIM	
STREET ADDRESS	100 DRAKE'S LANDING RD STE 100	
CITY-ST-ZIP	GREENBRAE CA 94904	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	GHIGLIERI, STEPHEN	
STREET ADDRESS	100 DRAKE'S LANDING RD STE 100	
CITY-ST-ZIP	GREENBRAE CA 94904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINIK, DAVID	
STREET ADDRESS	TWO COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SISCO, DENNIS	
STREET ADDRESS	187 DANBURY RD.	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGER, WILLIAM	
STREET ADDRESS	755 PAGE MILL RD. A200	
CITY-ST-ZIP	PALO ALTO CA 94304-1005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRITES, AL	
STREET ADDRESS	3000 SAND HILL RD. BLDG. 3 STE 255	
CITY-ST-ZIP	MENLO PARK CA 94025-7112	

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	

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 attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)