

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90036 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P37683

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1101 FIFTH AVENUE → **26** →
 Suite, Apt. #, etc.
22 200 → **27** →
 City & State
23 SAN RAFAEL, CA → **28** →
 Zip Country
24 94901 **25 USA** → **29** → **30**

3. Date Incorporated or Qualified
02/27/1992

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 owes the current year Intangible Personal Property Tax. Yes 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	DOMNIK, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1101 5th AVE, STE 200
1.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1101 5th AVE, STE 200
2.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901
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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **1/15/99** **415-482-4492**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)