

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.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**02/27/1992**

4. FEI Number  
**68-0012790**

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

2. Principal Place of Business

21 **1101 FIFTH AVENUE** → 26 →

22 **200** → 27 →

23 **SAN RAFAEL, CA** → 28 →

24 **94901** 25 **USA** → 29 → 30

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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  DELETE

NAME **PCEO MCCORD, JIM**

STREET ADDRESS **100 DRAKE'S LANDING RD STE 100 GREENBRAE CA 94904**

CITY-ST-ZIP

TITLE  DELETE

NAME **CFOS GHIGLIERI, STEPHEN**

STREET ADDRESS **100 DRAKE'S LANDING RD STE 100 GREENBRAE CA 94904**

CITY-ST-ZIP

TITLE  DELETE

NAME **D DOMINIK, DAVID**

STREET ADDRESS **TWO COPLEY PLACE BOSTON MA 02116**

CITY-ST-ZIP

TITLE  DELETE

NAME **P SISCO, DENNIS**

STREET ADDRESS **187 DANBURY RD. WILTON CT 06897**

CITY-ST-ZIP

TITLE  DELETE

NAME **D YOUNGER, WILLIAM**

STREET ADDRESS **755 PAGE MILL RD. A200 PALO ALTO CA 94304-1005**

CITY-ST-ZIP

TITLE  DELETE

NAME **D CRITES, AL**

STREET ADDRESS **3000 SAND HILL RD. BLDG. 3 STE 255 MENLO PARK CA 94025-7112**

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  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  Change  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  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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)