FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40743 (7)

1. Corporate Name

ARTRAC HEALTHCARE RESOURCES, INC.

Principal Place of Business
2700 CUMBERLAND PARKWAY, SUITE 300
ATLANTA GA 30339

Mailing Address
2700 CUMBERLAND PARKWAY, SUITE 300
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1992	3a. Date of Last Report: 02/18/1994
4. FEI Number: 58-1979178	☐ 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 (21) | 2a. Mailing Address (26)
Suite Apt. # etc. (22) | Suite Apt. # etc. (27)
City & State (23) | City & State (28)
St (24) | County (25) | Zip (29) | County (30)

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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	TITLE	☐ Change ☐ Addition
NAME	BROWN, RANDOLPH G.	NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY,STE 300	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	DP	TITLE	CEO/D ☒ Change ☐ Addition
NAME	BYERLY, DENNIS R.	NAME	
STREET ADDRESS	5990 OAKBROOK PARKWAY	STREET ADDRESS	5300 Oakbrook Pkwy., Bldg. 300, Ste. 300
CITY-ST-ZIP	NORCROSS GA	CITY-ST-ZIP	Norcross, GA 30093
TITLE	DVPS	TITLE	☐ Change ☐ Addition
NAME	COTE, MICHAEL R.	NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY,STE 300	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	TOPPER, PAMELA S.	NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY 300	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	VPT	TITLE	T ☒ Change ☐ Addition
NAME	ALEXANDER, G. EDWARDS	NAME	Caryn S. Dickerson
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	Atlanta, GA 30339
TITLE		TITLE	P ☐ Change ☒ Addition
NAME		NAME	Julian V. Pittman
STREET ADDRESS		STREET ADDRESS	5990 Oakbrook Pkwy.
CITY-ST-ZIP		CITY-ST-ZIP	Norcross, GA 30093

14. I declare, certify, that the information supplied with this filing is voluntarily furnished and 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: Pamela S. Topper PAMELA S. TOPPER 4/19/95 (404)519-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Title) (Daytime Phone #)

0300250 FP