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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P40743 (7) ARTRAC HEALTHCARE RESOURCES, INC.							<u> </u>	 	(8(1 B) S11 BH	n ii e reji ninii ini	
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2700 CUMBERLAND PARKWAY. SUITE 300 2700 CUMBERLAND PARK ATLANTA GA 30339 2700 CUMBERLAND PARK						ITE 300		Annu aran aran aran aran aran aran aran a			
							3. Date Incorporated or Qualified 09/22/1992		e of Last F		
Principal F	Place of Busin	ness	2a.	. Mailing Address		·	4. FEI Number		05/01/19	Applied For	
Cuito Ant		·	26				58-1979178			Not Applicat	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional		
City & Stat	te			City & State			& Floation Compaign Figure in		··· ·	Required	
		· · · · · · · · · · · · · · · · · · ·	28				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip		Country		Zip	Countr	У	8. This corporation has liability fo	r intangible ta	ax under s	199.032,	
	o Name	25 e and Address of Cui	29	torod Agost	30		Florida Statutes 🔲 Ye	es 🔼 No			
	<i>y.</i>		nem negra	resen Agent	81	Name	10. Name and Address of New	Registered	Agent		
THE PE	RENTICE-H	ALL CORPORATION	N GVGTEN	LINC							
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105					82	Street #	Address (P.O. Box Number is Not Accepta	ress (P.O. Box Number is Not Acceptable)			
					83						
TALLAH	HASSEE FL	L 32301			84	City					
						1 1		FL		p Code	
 Pursuant or register 	to the provis red agent, or	ions of Sections 607.0 both, in the State of F	502 and 601 Jorida, Such	7.1508, Florida Stal	tutes, the above-	named co	orporation submits this statement for the puboard of directors. I hereby accept the app	urpose of cha	anging its i	registered of	
familiar wi	ith, and acce	ept the obligations of, S	Section 607.	0505. Florida Statut	oc by the corp	Manoria	coard or directors. Thereby accept the app	pointment as	registered	i agent. I am	
				eede, . ionaa etata	.65.						
	Signature, hypod										
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SIGNATURE:

SIGNATURE AND YPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (770) 319-3300 Davtme Ph