

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000061269 (5)

1. Corporation Name
MEDDATA SYSTEMS, INC.



Principal Place of Business 9960 CENTRAL PARK BLVD SUITE 404 BOCA RATON FL 33428	Mailing Address 9960 CENTRAL PARK BLVD. SUITE 404 BOCA RATON FL 33428-1761
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3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0443709	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9970 Central Park Blvd Suite, Apt. #, etc. 22 Suite 301 City & State 23 Boca Raton FL Zip 24 33428	2a. Mailing Address 25 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent MITCHELL, ELIZABETH C. 9970 CENTRAL PARK BOULEVARD SUITE 404 301 BOCA RATON FL 33528		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, A.M. MD	1.2 NAME	
STREET ADDRESS	9970 CLINT MOORE RD., SUITE 208	1.3 STREET ADDRESS	9970 Central Park Blvd. Ste 301
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton FL 33428
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ELIZABETH	2.2 NAME	
STREET ADDRESS	9970 CENTRAL PARK BOULEVARD, SUITE 404	2.3 STREET ADDRESS	See #13
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CONRAD B. (M.D)	3.2 NAME	
STREET ADDRESS	9970 CENTRAL PARK BOULEVARD, SUITE 404	3.3 STREET ADDRESS	See #13
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Angel M. Garcia, MD ANGEL M. GARCIA 4/25/97 (5) 2680000

CR2E034 (9/96)