FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P95000000604

1. Corporation Name

Ideon Group, Inc.

Principal Place of Business / Mailing Address

7596 Centurion Parkway
Jacksonville, Florida 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/6/95	3a. Date of Last Report: N/A
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)
4. FEI Number: 59-3293212	☐ 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	

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hayes Street
Suite 105
Tallahassee, Florida 32301

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 _____ (Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/CEO	11 TITLE	☐ Change ☐ Addition
NAME	Paul G. Kahn	12 NAME	
STREET ADDRESS	7596 Centurion Parkway	13 STREET ADDRESS	
CITY ST ZIP	Jacksonville, Florida 32256	14 CITY ST ZIP	
TITLE	M/CFO/T/D	21 TITLE	☐ Change ☐ Addition
NAME	G. Thomas Frankland	22 NAME	200001455322
STREET ADDRESS	7596 Centurion Parkway	23 STREET ADDRESS	-04/13/95--01019--001
CITY ST ZIP	Jacksonville, Florida 32256	24 CITY ST ZIP	***1000.00 ****200.00
TITLE	M/D	31 TITLE	☐ Change ☐ Addition
NAME	Francis J. Marino	32 NAME	
STREET ADDRESS	7596 Centurion Parkway	33 STREET ADDRESS	
CITY ST ZIP	Jacksonville, Florida 32256	34 CITY ST ZIP	
TITLE	P/COO/D	41 TITLE	☐ Change ☐ Addition
NAME	John R. Birk	42 NAME	
STREET ADDRESS	7596 Centurion Parkway	43 STREET ADDRESS	
CITY ST ZIP	Jacksonville, Florida 32256	44 CITY ST ZIP	
TITLE	V/AS/D	51 TITLE	☐ Change ☐ Addition
NAME	Marc F. Joseph	52 NAME	
STREET ADDRESS	7596 Centurion Parkway	53 STREET ADDRESS	
CITY ST ZIP	Jacksonville, Florida 32256	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	Lisa Ormand	62 NAME	
STREET ADDRESS	7596 Centurion Parkway	63 STREET ADDRESS	
CITY ST ZIP	Jacksonville, Florida 32256	64 CITY ST ZIP	

14. I do hereby 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: Lisa Ormand — DATE: 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Ormand - Secretary — 4/6/95 — (904) 928-1841
(Date) (Daytime Phone Number)