FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63334** **(9)**

1. Corporate Name
QUADMED, INC.

Principal Place of Business
2121 CORPORATE SQUARE BLVD.
STE. 146
JACKSONVILLE FL 32216
US

Mailing Address
2121 CORPORATE SQUARE BLVD.
STE. 146
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Dissolved) 09/11/1992
3a. Date of Last Report 04/20/1994

2. Principal Place of Business
21 4110 SOUTHPOINT BLVD.
Suite Apt. #
22 SUITE 227
City & State
23 JACKSONVILLE, FL.
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 4110 SOUTHPOINT BLVD.
Suite Apt. #
27 SUITE 227
City & State
28 JACKSONVILLE, FL.
Zip 29 32216 Country 30 USA

4. FEI Number 59-3184908 — 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. The corporation has ability to engage in business under S. 607.0501 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
MOHNACSKY, LISA M
11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent (NAME CHANGE)
81 Name: LISA M. PRICE
82 Street Address (P.O. Box Number is Not Acceptable): 11851 MOUNTAIN WOOD LN.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32258

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. Thereby, acceptance of the appointment as registered agent, I am familiar with, and I agree to comply with the provisions of Section 607.0501, Florida Statutes.

SIGNATURE: Lisa M Price PRESIDENT
Registered Agent, Officer or Director

12. OFFICERS AND DIRECTORS

Title	Name	Address
P	MOHNACSKY, LISA M	11851 MOUNTAIN WOOD LN JACKSONVILLE FL 32258

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Address	
P	LISA M. PRICE	11851 MOUNTAIN WOOD LN. JACKSONVILL, FL 32258	[✓] Change [ ] Add
			[ ] Change [ ] Add
			[ ] Change [ ] Add
			[ ] Change [ ] Add
			[ ] Change [ ] Add
			[ ] Change [ ] Add

14. I hereby certify that the information supplied with this report, including any requested amendment, does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 of the corporate document with my address.

SIGNATURE: Lisa M Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 Date

(704) 296 2363 Daytime Phone

0017667 CP