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PROFIT CORPORATION ANNUAL REPORT

1996



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

SIGNATURE:

DOCUMENT # V63334 (9) 1. Corporation Name QUADMED, INC.					
Principal Place of Business 4110 SOUTHPOINT BLVD. SUITE 227	Mailing Address 4110 SOUTHPOINT BI SUITE 227	LVD.		INNI bib i bibi bibi bib i bi	HI BIBII BIBII BIBII 1881
JACKSONVILLE FL 32216 US	JACKSONVILLE FL 32 US	2216	3. Date incorporated or Qualified 09/11/1992	3a. Date of Las 05/2	st Report 3/1995
2. Principal Place of Business	2a. Mailing Address	CC- 713	4. FEI Number 59-3184908	-1	Applied For
5 bb845 GWMBIA PARK OF Suite, Apit. #, etc	2.5 26 P.O. BOX Suite, Apt. #, etc.	. 830713	5. Cert ficate of Status Desired	\$8	Not Applicable .75 Additional
2	27			F	ee Required
City & State THCKSOHVIUE . ft .	City & State 28 MCKSON	ine h	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country 4 32258 25 USA	29 32 Z S S ~ O 1 1 3	Country 30 USA	8. This corporation has liability for Florida Statutes Yes	intangibie tax unde	ers 199.032,
9. Name and Address of Curr			10. Name and Address of New F	Registered Agent	
DDICE LICA M		81 Name			
PRICE, LISA M. 11851 MOUNTAIN WOOD LN		82 Street Add	lress (P.O. Box Number is Not Acceptat	hle)	
JACKSONVILLE FL 32258		83			
		84 City		— 85	Zip Code
or registered agent, or both, in the State of Fl	502 and 607.1508, Florida Statutes lorida Such change was authorize ection 607.0505, Florida Statutes	s, the above-named corpo d by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing pointment as registr	its registered office ered agent. I am
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YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-810-2323