

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V633334

1. Entity Name

QUADMED, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90143 050 \*\*\*150.00

Principal Place of Business

Mailing Address

6684-5 COLUMBIA PARK DRIVE S  
JACKSONVILLE FL 32258  
US

P.O. BOX 550773  
JACKSONVILLE FL 32255-0773  
US

2. Principal Place of Business

11210-10 PHILIPS INDUSTRIAL  
Suite, Apt. #, etc. BLVD. EAST

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

4. FEI Number

59-3184908

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, LISA M.  
11851 MOUNTAIN WOOD LN  
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PRICE, LISA M.  
STREET ADDRESS 11851 MOUNTAIN WOOD LN  
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

TITLE V  
NAME MARLEY O. PRICE  
STREET ADDRESS 11851 MOUNTAIN WOOD LN.  
CITY-ST-ZIP JACKSONVILLE, FL 32258 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I 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 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

LISA M. PRICE

4/14/00

Date

904-880-2323

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)