

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006963

1. Entity Name
HEALTH DIALOG SERVICES CORPORATION



Principal Place of Business
60 STATE STREET, 11TH FLOOR
BOSTON, MA 02109

Mailing Address
60 STATE STREET, 11TH FLOOR
BOSTON, MA 02109



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3274661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MCKOWN, CHRIS PRES
60 STATE STREET, 11TH FLOOR
BOSTON, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
BENNETT, GEORGE CHAIR
60 STATE STREET, 11TH FLOOR
BOSTON, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAM, ERIC DIRECT
ONE GORHAM ISLAND, SUITE 200
WESTPORT, CT 06880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GARTH, DALE N CFO
60 STATE STREET, 11TH FLOOR
BOSTON, MA 02109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAWCETT, MICHAEL DIRECT
202 ONONDAGA AVENUE
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, JOHN DIRECT
21802 N. CALLE ROYALE
SCOTTSDALE, AZ 85255

000000563163
05/19/06-80094-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale N. Garth

Dale N. Garth

5/4/06 (617) 406-5200

Date

Daytime Phone #