

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 028 ***150.00

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1. Entity Name
HEALTHSHARE TECHNOLOGY, INC.



Principal Place of Business
**360 MASSACHUSETTS AVENUE
ACTON, MA 01720**

Mailing Address
**%EMDEON CORPORATION
669 RIVER DRIVE, CENTER 2
ELMWOOD PARK, NJ 07407**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-P

CR2E034 (11/05)

4. FEI Number
04-3107193

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. 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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPT
SIEGREST, RICHARD R JR
360 MASSACHUSETTS AVENUE
ACTON, MA 01720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, CM
RICHARD SIEGREST
360 MASSACHUSETTS AVE.
ACTON, MA 01720 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHELLER, PETER
1000 WINTER STREET, SUITE 3700
WALTHAM, MA 024511148 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WAYNE GATTINELLA
111 EIGHTH AVE.
NEW YORK, NY 10011 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNEDY, GEORGE
296 MORRIS STREET
WILLIAMSTOWN, MA 01267 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP, CFO
ANTHONY VUOLO
111 EIGHTH AVE.
NEW YORK, NY 10011 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREDERICK, EARL
F53 PEMBRIDGE DRIVE
LAKE FOREST, IL 60045 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOUGLAS WAMSLEY
111 EIGHTH AVE.
NEW YORK, NY 10011 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP, CMO
STEVEN ZATZ
111 EIGHTH AVE.
NEW YORK, NY 10011 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROSEANN STAMPE
669 RIVER DRIVE, CTR. 2
ELMWOOD PARK, NJ 07407 ☐ Change ☒ Addition

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: **ROSEANN STAMPE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

(201) 703-3400
Daytime Phone #