

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005489**

1. Entity Name

HEALTHCARE DATA EXCHANGE CORPORATION**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90183 024 ***150.00

Principal Place of Business

**51 VALLEY STREAM PARKWAY
MALVERN PA 19355**

Mailing Address

**51 VALLEY STREAM PARKWAY
MALVERN PA 19355**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2678257

Applied For

Not Applicable

Zip

Country

Zip

Country

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 RODA
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEHL, HANS	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GRADY, EDWARD J III	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHUMAN, BONNIE L	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAUELLE, FRANK	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	REINHARDT, ERICH	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO + GM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TON ZIMMERMAN	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. GRADY, III	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS MEHL	
STREET ADDRESS	51 VALLEY STREAM PARKWAY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002

Date

610-219-4611

Daytime Phone #

CR2E034 (9/01)