

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90072 004 \*\*\*150.00

**DOCUMENT # F94000005489**

1. Entity Name  
**HEALTHCARE DATA EXCHANGE CORPORATION**



Principal Place of Business  
**51 VALLEY STREAM PARKWAY  
MALVERN, PA 19355**

Mailing Address  
**51 VALLEY STREAM PARKWAY  
MALVERN, PA 19355**

**94038547**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-P CR2E034 (10/03)

4. FEI Number

**23-2678257**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RODA  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, JON	
STREET ADDRESS	51 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRADY III, EDWARD J	
STREET ADDRESS	51 VALLEY STREAM PKWY	
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	HANS, MEAL	
STREET ADDRESS	51 VALLEY STREAM PKWY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steve Demers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steve Demers, POA*

3/22/04

610-219-4611

Date

Daytime Phone #