

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001310

FILED
Apr 19, 2012
Secretary of State

Entity Name: THOMSON REUTERS (HEALTHCARE) INC.

Current Principal Place of Business:

777 EAST EISENHOWER PARKWAY
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

3100 CUMBERLAND
SUITE 900
ATLANTA, GA 30339

New Mailing Address:

3100 CUMBERLAND
SUITE 700
ATLANTA, GA 30339

FEI Number: 06-1467923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BOSWOOD, MICHAEL G
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

Title: S
Name: HELLER, ANDRA
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

Title: D
Name: GOLD, MARC E
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

Title: T
Name: BUCKINGHAM, PHILIP M
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

Title: D
Name: ILAW, LESLIE
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

Title: D
Name: WALKER, LINDA J
Address: 777 EAST EISENHOWER PARKWAY
City-St-Zip: ANN ARBOR, MI 48108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH NICHOLS

VP

04/19/2012

Electronic Signature of Signing Officer or Director

Date