

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003638 (0)**

1. Corporation Name

HEALTH DATA SCIENCES CORPORATION

Principal Place of Business

**2700 CUMBERLAND PKWY. SUITE 300
ATLANTA GA 30339**

Mailing Address

**2700 CUMBERLAND PKWY. SUITE 300
ATLANTA GA 30339**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1997	
21		26		4. FEI Number 95-3846477	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
	25		30		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, DAVID E	1.2 NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	
TITLE	ASB <input type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGHEN, JEROME H	2.2 NAME	Secretary and Director
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300	2.3 STREET ADDRESS	Randolph L. M. Hutto
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, PEGGY B	3.2 NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, CARYN S	4.2 NAME	
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAD, PHILLIP	5.2 NAME	
STREET ADDRESS	288 W. HOSPITALITY LANE #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BERNARDINO CA 92408	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Karen C. Miller
STREET ADDRESS		6.3 STREET ADDRESS	2700 Cumberland Pkwy, Suite 300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30339

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randolph L. M. Hutto

4-17-98

CR2E034 (10/97)