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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 12, 1999 8:00 am Secretary of State

05-12-1999 90006 029 \*\*\*150.00

### DOCUMENT # F9700003638

1. Corporation Name

HEALTH DATA SCIENCES CORPORATION

Principal Place of Business	Mailing Address					( 1251)166 (1)6 (6)11 (60)1			, 1100
2700 CUMBERLAND PKWY, SUITE 300 ATLANTA GA 30339	2700 CUMBERLAND P ATLANTA GA <b>303</b> 39	KWY, SUITE 3	00						_
					<u> </u>	DO NOT WRI	TE IN THI	S SPACE	
					1	ite Incorporated or Qualifed 7/14/1997			
2. Principal Place of Business	2a. Mailing Address					1 Number	_		Applied For
21	26			_	<u>95</u>	5-3846477			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	-		5. Ce	ertifcate of Status Desired		•	75 Additional ee Required
City & State	City & State					ection Campaign Financing ust Fund Contribution		,	.00 May Be ided to Fees
Zip Country	Zip 29	30 Cou	intry			is corporation owes the curr	ent year Ir	ntangible Yes	_
9. Name and Address of	f Current Registered Agent				10, Na	me and Address of New F	Registered	Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			81 82	Name Street Addre	ess /P O	Box Number is Not Accepta	ahia)		
			62	Sueet Addit	C33 (1 .O.	DOX HUMBER IS HOT ACCEPT	3070)		
TALLAHASSEE FL 32301			83				-		
			84	City			FI	85	Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the section of	ne State of Florida. Such change w	vas authorized	i by i	the corporation	oration su on's board	bmits this statement for the of directors. I hereby accept	purpose of the appo	of changin pintment a	ig its registered as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent and title if applicable			<del></del>		ID DIDECTOR	2C IN 12
12	OFFICERS AND DIRECTORS		13.	ADDITION	IS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	C	DELETE	1.1 TITLE		_	∠ Change	[] Addition {
NAME	MCDOWELL, DAVID E		1.2 NAME	(	Attached		
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300		1.3 STREET ADDRESS	$\mathcal{L}$	HELAGUED		J
CITY-ST-ZIP	ATLANTA GA 30339		1.4 CITY-ST-ZIP		<b>`</b>		
TITLE	EVP	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	HUTTO, RANDOLPH L M		2.2 NAME				
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300		2.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30339		2.4 CITY-ST-ZIP				
TITLE	V	DELETE	3.1 TITLE			Change	☐ 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	DELETE	4.1 TITLE			Change	☐ Addition
NAME	DICKERSON, CARYN S		4. 2 NAME				ĺ
STREET ADDRESS	2700 CUMBERLAND PKWY, SUITE 300		4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	ATLANTA GA 30339		4.4 CITY-ST-ZIP				
TITLE	P	DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	PEAD, PHILLIP		5.2 NAME				
STREET ADDRESS	268 W. HOSPITALITY LANE #300		5.3 STREET ADDRESS				}
CITY-ST-ZIP	SAN BERNARDINO CA 92408		5.4 CITY-ST-ZIP				
TITLE	CF0	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	MILLER, KAREN C		6.2 NAME				ľ
STREET ADDRESS	2700 CUMBERLAND PARKWAY, SUITE 300		6.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30339		6.4 CITY-ST-ZIP				

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

770-444-5300

CR2E034 (11/98)

**=**42

546611-90000-29 # 1= #F9700003638

# HEALTH DATA SCIENCES CORPORATION

## Officer List

Title	Name	Business Address	City, State Zip + 4
President	Philip M. Pead	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Executive VP, General Counsel, Secretary	Randolph L. M. Hutto	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Executive VP and Chief Financial Officer	Wayne A. Tanner	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
Vice President and Treasurer	Caryn S. Dickerson	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632
VP, Assoc Gen Counsel & Assistant Secretary	Peggy B. Sherman	Suite 300, 2700 Cumberland Parkway	Atlanta, Georgia 30339-3632

# Director List

Randolph L. M. Hutto	Allen W. Ritchie	Name
Suite 300, 2700 Cumberland Parkway	Suite 300, 2700 Cumberland Parkway	Business Address
Atlanta, Georgia 30339-3632	Atlanta, Georgia 30339-3632	City, State Zip + 4