

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003638**

1. Entity Name

HEALTH DATA SCIENCES CORPORATION**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 008 ***150.00

| | |
|--|--|
| Principal Place of Business CUMBERLAND PKWY, SUITE 300 ATLANTA, GA 30339 | Mailing Address 2700 CUMBERLAND PKWY, SUITE 300 ATLANTA, GA 30339-3321 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2840 Mt. Wilkinson Parkway Suite, Apt. #, etc. | 3. Mailing Address 2840 Mt. Wilkinson Parkway Suite, Apt. #, etc. |
|---|---|

| | | | |
|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| City & State Atlanta, GA | City & State Atlanta, GA | 4. FEI Number 95-3846477 | Applied For Not Applicable |
| Zip 30339 | Country USA | Zip 30339 | Country USA |

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 RD. 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 |
|--|--|

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.

SIGNATURE _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEAD, PHILLIP M 2700 CUMBERLAND PKWY, SUITE 300 ATLANTA GA 30339 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPG HUTTO, RANDOLPH L M 2700 CUMBERLAND PKWY, SUITE 300 ATLANTA GA 30339 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP and Secretary/Director Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPC TANNER, WAYNE A 2700 CUMBERLAND PKWY, SUITE 300 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT DICKERSON, CARYN S 2700 CUMBERLAND PKWY, SUITE 300 ATLANTA GA 30339 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same Same 2840 Mt. Wilkinson Parkway Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAA SHERMAN, PEGGY 268 W. HOSPITALITY LANE #300 SAN BERNARDINO CA 92408 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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: Randolph L.M. Hutto 1/31/00 770-444-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)