

901 UNIFORM BUSINESS REPORT (U)

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90046 041 ***550.00

DOCUMENT # F97000003785

1. Entity Name
HEALTH DATA SERVICES, INC.

Principal Place of Business Mailing Address
675 G ALPHA DR. **675 G ALPHA DR.**
HIGHLAND HEIGHTS OH 44143 **HIGHLAND HEIGHTS OH 44143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2840 Mt Wilkinson Pkwy **2840 Mt Wilkinson Pkwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Atlanta, GA **Atlanta, GA**

Zip Zip Country Country
30339 **30339** **USA** **USA**

4. FEI Number 34-1307662 Added 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 ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number's Not Accepted)
 City, State

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

9. This corporation is eligible to satisfy its change of office or agent requirements and elects to do so (See order on back) **FILE NOW!!! FEE IS \$650.00**
 After September 12, 2001, Fee will be \$725.00
 Make Check Payable to Department of State

10. Election Desired in Changing \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DP SALTZBERG, MARC	675 G ALPHA DR. HIGHLAND HEIGHTS OH 44143					
	DVT DELBROCCO, RAYMOND J	675 G ALPHA DR. HIGHLAND HEIGHTS OH 44143					
	DSV MOORE, CHARLES A	675 G ALPHA DR. HIGHLAND HEIGHTS OH 44143					
	President William Dagher	2840 Mt Wilkinson Pkwy Atlanta, GA 30339					
	Secretary Paul J. Quiner	2840 Mt Wilkinson Pkwy Atlanta, GA 30339					
	Treasurer Caryn Leshynski	2840 Mt Wilkinson Pkwy Atlanta, GA 30339					

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

SIGNATURE: Paul J. Quiner 7/18/01 770.444.4000