

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003785

1. Corporation Name
Health Data Services

2. Principal Office Address
1145 Sanctuary Pkwy

3. Mailing Office Address
1145 Sanctuary Pkwy

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Alpharetta, GA

City & State
Alpharetta, GA

Zip Country
30004 Fulton

Zip Country
30004 Fulton

4. Date Incorporated or Qualified
To Do Business in Florida 7/21/1997

5. FEI Number
34-1307662

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05
JUN 24 2005

7. Name and Address of Current Registered Agent

Name CT Corporation System 300056732953
Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road 300056732953
City Plantation, FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN
Jennifer F. Aultman Assistant Secretary Date 6/10/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Philip J. Jordan	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004
VP	Chris E. Perkins	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004
Secretary	Paul J. Quiner	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004
Treasurer	Coryn D. Leshynski	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004
Director	Philip M. Peard	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004
Assistant Secretary	Robert Q Jones	1145 Sanctuary Pkwy, Suite 200	Alpharetta, GA 30004

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert Q. Jones, Assistant Secretary Date 1/10/05 Daytime Phone # 770-287-7764