

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

REINSTATEMENT 04-05
JUN 24 2005

2. Principal Office Address 1145 Sanctuary Pkwy Suite, Apt. #, etc. Suite 200 City & State Alpharetta, GA Zip 30004		Country Fulton		3. Mailing Office Address 1145 Sanctuary Pkwy Suite, Apt. #, etc. Suite 200 City & State Alpharetta, GA Zip 30004		Country Fulton	
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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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation System	300056732953 06/30/05--01004--004 **150.00
Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road	300056732953 06/30/05--01004--002 **750.00
Suite, Apt. #, Etc.	
City Plantation,	State FL
	Zip Code 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
EvP/FP	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 # 770-237-7764