

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006963

**Entity Name:** HEALTH DIALOG SERVICES CORPORATION**Current Principal Place of Business:**ONE FINANCIAL CENTER  
675 ATLANTIC AVENUE 21ST FLOOR  
BOSTON, MA 02111**Current Mailing Address:**ONE FINANCIAL CENTER  
675 ATLANTIC AVENUE 21ST FLOOR  
BOSTON, MA 02111 US**FEI Number:** 04-3274661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:** MARIA T. CHAMBERS, SPECIAL ASSISTANCE SECRETARY

02/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT & ASSISTANT  
SECRETARY  
Name LOWELL, SUSAN  
Address 30 HUNTER LANE  
City-State-Zip: CAMP HILL PA 17011

Title SENIOR VICE PRESIDENT & CFO  
Name GOLINKIN, WEBSTER  
Address ONE FINANCIAL CENTER  
675 ATLANTIC AVENUE 21ST FLOOR  
City-State-Zip: BOSTON MA 02111

Title VICE PRESIDENT & TREASURER  
Name SCHROEDER, MATTHEW  
Address 30 HUNTER LANE  
City-State-Zip: CAMP HILL PA 17011

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN LOWELL

VICE PRESIDENT

02/23/2018

Electronic Signature of Signing Officer/Director Detail

Date