

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006963

Entity Name: HEALTH DIALOG SERVICES CORPORATION**Current Principal Place of Business:**6 BEDFORD FARMS DRIVE STREET
SUITE 605
BEDFORD, NH 03110**Current Mailing Address:**6 BEDFORD FARMS DRIVE STREET
SUITE 605
BEDFORD, NH 03110 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

02/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | SECRETARY |
| Name | PARRISH, ALYSSA |
| Address | 6 BEDFORD FARMS DRIVE STREET SUITE 605 |
| City-State-Zip: | BEDFORD NH 03110 |

| | |
|-----------------|---|
| Title | PRESIDENT, DIRECTOR |
| Name | LOWELL, SUSAN |
| Address | 6 BEDFORD FARMS DRIVE STREET SUITE 605 |
| City-State-Zip: | BEDFORD NH 03110 |

| | |
|-----------------|---|
| Title | DIRECTOR |
| Name | WINNICK, LISA |
| Address | 6 BEDFORD FARMS DRIVE STREET SUITE 605 |
| City-State-Zip: | BEDFORD NH 03110 |

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

SECRETARY

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date