

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006963

Entity Name: HEALTH DIALOG SERVICES CORPORATION**Current Principal Place of Business:**60 STATE STREET
SUITE 1100
BOSTON, MA 02109**Current Mailing Address:**60 STATE STREET
SUITE 1100
BOSTON, MA 02109 US**FEI Number:** 04-3274661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	BENNETT, GEORGE B
Address	60 STATE STREET, SUITE 1100
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	TUGENDHAT, JAMES W
Address	60 STATE STREET, SUITE 1100
City-State-Zip:	BOSTON MA 02109

Title	SECRETARY
Name	DOCTOROFF, JEFFREY A
Address	60 STATE STREET SUITE 1100
City-State-Zip:	BOSTON MA 02109

Title	TREASURER, CFO
Name	SPIRO, GREGG
Address	60 STATE STREET SUITE 1100
City-State-Zip:	BOSTON MA 02109

Title	PRESIDENT, CEO
Name	MANDEL, ROBERT
Address	60 STATE STREET SUITE 1100
City-State-Zip:	BOSTON MA 02109

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: ROBERT MANDEL**PRESIDENT****03/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date