

**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