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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

STAMP
FOR SECRETARY OF STATE USE ONLY
JUL 21 2025 9:05:26
000083987

1. Entity ID Number	2. Exact name of the Corporation		
000083987	HealthCare Data Corporation		
3. Principal Office Address	City	State	Zip
200 Carillon Parkway, Suite 200	St. Petersburg	FL	33556
4. NAICS Code: 51210	6. Brief description of the character of business conducted in Rhode Island: To develop and market electronic drug healthcare information systems.		
5. State of Incorporation: Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Vacant			Vice-President Name: Vacant		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Vacant			Director Name: Vacant		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	0.0100

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Leah Bonetti	07/17/2025

Signature of Authorized Representative
Signed by: Leah Bonetti

FILED 9:24 A
JUL 21 2025
BY SDDR

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023