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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: February 1 - May 1

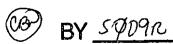
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31.			· ·				
1. Entity ID Number	Exact name of the Corporation								
000083987	HealthCare Data Corporation City State Zip								
3. Principal Office Address	L- 200		City	City St. Petersburg			Zip		
200 Carillon Parkway, Suit				<u> </u>	FL		33556		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
511210	To develop and market electronic drug healthcare information systems.								
5. State of Incorporation				_					
Delaware									
7. List ALL officers (names and add	resses)		Non Desi		box to indi	cate an atta	achment 🔲		
President Name Vacant			Vice-President Name Vacant						
Street Address	et Address			Street Address					
City	State	Zip	City		State		Zip		
Secretary Name			Treasurer Name						
Street Address	et Address			Street Address					
City	State	Zip	City		State		Zip		
8. List ALL directors (names and ad	dresses)		<u> </u>		box to indi	cate an att	achment 🔲		
Director Name Vacant			Director Name Vacant						
Street Address	eel 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 Issue				icate an att	achment 🔲		
This information is currently of record Department of State.	This information is currently of record in the NUMBER O								
Changes require an additional filing.		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 declar	e and affirm that	I have examined	this repor		mpanying	g schedule	s and		
statements, and that all statement Name of Authorized Representative		ein are true and c	orrect.		Date				
Leah Bonetti					07/17/2025				
Signature of Authorized Representa	tive				<u> </u>				
leale Bonetti				D 9:21A					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



JUL 21 2025

FORM 630- Revised: 12/2023