RI SOS Filing Number: 202577044090 Date: 7/21/2025 9:18:00 AM Docusign Envelope ID: 01656309-D8BA-4D94-8F49-64787EB2B7A8 State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2017 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 000083987 HealthCare Data Corporation 3. Principal Office Address State 200 Carillon Parkway, Suite 200 St. Petersburg FL 33556 4. NAICS Code 6. 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 addresses) Check the box to indicate an attachment Vice-President Name Vacant 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 Director Name Vacant Vacant Street Address Street Address City State Zip City State Zip Director Name **Director Name** Street Address Street Address City City State Zip State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES PAR VALUE Department of State. 100 0.0100 Common Changes require an additional filing. 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.

MAIL TO:

Division of Business Services

Name of Authorized Representative

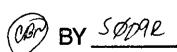
Signature of Authorized Representative

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

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

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