



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2011

Corporation

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

RECEIVED
 DEPT. OF STATE
 JUL 21 2012 9:06:25
 ACP

1. Entity ID Number 000083987		2. Exact name of the Corporation HealthCare Data Corporation	
3. Principal Office Address 200 Carillon Parkway, Suite 200		City St. Petersburg	State FL
		Zip 33556	
4. NAICS Code 511210	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 <input type="checkbox"/>			
President Name Vacant		Vice-President Name Vacant	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Vacant		Director Name Vacant	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		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 Leah Bonetti		Date 07/17/2025	
Signature of Authorized Representative <i>Leah Bonetti</i>		FILED 9:12A	

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

BY SP092