

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2008

Corporation

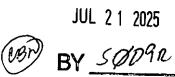
V Silveril	
ää	
₽ ®TAMP	
SO	
CO COLOCI Y	
ČŠ	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					66.63 66.63			
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. Pe	St. Petersburg		33556		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
51140	To develop and market electronic drug healthcare information systems.							
5. State of Incorporation	To activity and market discussions aray healthours information systems.							
Delaware								
7. List ALL officers (names and ad	dresses)			Check th	e box to indicate	an attachment 🔲		
President Name Vacant			Vice-Presid	Vice-President Name Vacant				
Street Address			Street Add	Street Address				
City	State	Zip	City	City		Zip		
Secretary Name	<u> </u>		Treasurer	Treasurer Name				
Street Address .			Street Add	Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and a	ddresses)		<u></u>	Check th	e box to indicate	an attachment 🔲		
Director Name Vacant			Director Na	Director Name Vacant				
Street Address			Street Add	Street Address				
City	State	Zip	City		State	Zip		
Director Name	Director Na	Director Name						
Street Address .			Street Add	Street Address				
City	State	Zip	City	*****	State	Zip		
9. Shares Authorized		10. Shares	Issued	Check th	ne box to indicate	an attachment 🖂		
This information is currently of reco	rd in the		R OF SHARES	CLASS/SI		PAR VALUE		
Department of State,		100		Common		0.0100		
Changes require an additional filing.	•				-			
11. This report must be executed of ceiver or trustee, this report must be	on behalf of the cope executed on b	orporation by a ehalf of the co	an authorized rep	presentative. If the co	prporation is in th	e hands of a re-		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm th	at I have exaп	nined this repor		companying sc	hedules and		
Name of Authorized Representative					Date			
Leah Bonetti					07/17/2025			
Signature of Authorized Representative								
Leale Bonetti FILED 9:09 A								
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