#### SIGNATURE: DARCY GREEN

Electronic Signature of Signing Officer/Director Detail

NRAI SERVICES, INC. **515 EAST PARK AVENUE** TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	DP	Title	D	
Name	BENKO, ANDREA	Name	GREEN, DARCY	
Address	7501 TRINITY PEAK STREET, SUITE 210	Address	7501 TRINITY PEAK STREET, SUITE 210	
City-State-Zip:	LAS VEGAS NV 89128	City-State-Zip:	LAS VEGAS NV 89128	
Title	D	Title	S	
Name	RANDOLPH, JOHN	Name	GREEN, DARCY	
Address	7501 TRINITY PEAK STREET, SUITE 210	Address	7501 TRINITY PEAK STREET, SUITE 210	
City-State-Zip:	LAS VEGAS NV 89128	City-State-Zip:	LAS VEGAS NV 89128	
Title	Т	Title	AT	
Name	FREEDMAN, NEIL	Name	THOMPSON, SALLY	
Address	7501 TRINITY PEAK STREET, SUITE 210	Address	7501 TRINITY PEAK STREET, SUITE 210	
City-State-Zip:	LAS VEGAS NV 89128	City-State-Zip:	LAS VEGAS NV 89128	

# 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000003139

Entity Name: HEALTHDATAINSIGHTS, INC.

#### **Current Principal Place of Business:**

7501 TRINITY PEAK STREET SUITE 210 LAS VEGAS, NV 89128

### **Current Mailing Address:**

7501 TRINITY PEAK STREET SUITE 210 LAS VEGAS, NV 89128

## FEI Number: 20-0350950

# Name and Address of Current Registered Agent:

01/23/2013 **GENERAL COUNSEL** 

Date

Date

#### FILED Jan 23, 2013 Secretary of State CC1886569316

Certificate of Status Desired: Yes

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.