

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L29307**1. Entity Name  
HMS IMAGING, INC.**Principal Place of Business**C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE  
32207 FL US**Mailing Address**C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE  
32207 FL US**2. Principal Place of Business**

C/O HARVEY GRANGER

**3. Mailing Address**

C/O HARVEY GRANGER

Suite, Apt. #, etc.

1325 SAN MARCO BLVD., SUITE 902

Suite, Apt. #, etc.

1325 SAN MARCO BLVD., SUITE 902

City &amp; State

JACKSONVILLE FL

City &amp; State

JACKSONVILLE FL

Zip

32207

Country

US

Zip

32207

Country

US

**4. FEI Number****59-2993994**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GRANGER HARVEY  
GENERAL COUNSEL  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE  
32202 FL US**7. Name and Address of New Registered Agent**

Name

GRANGER HARVEY

Street Address (P.O. Box Number is Not Acceptable)

1325 SAN MARCO BLVD.

SUITE 902

City

JACKSONVILLE

FL

Zip Code

32207

8. 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 **HARVEY GRANGER****04/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ASAT	<input type="checkbox"/> Delete
NAME	JACKSON REBECCA B	
STREET ADDRESS	1301 RIVERPLACE BLVD., STE 1700	
CITY-ST-ZIP	JAX FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PARRETT, DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERRY, KENNETH C.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANGER, HARVEY	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, WILLIAM C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ASAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON REBECCA B	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRETT, DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN CHRISTOPHER	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON CAROL C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER HARVEY	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE A. HUGH	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: REBECCA B. JACKSON**

ASAT

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)