

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91705 (8)
1. Corporation Name
HMS PHYSICIAN SERVICES, INC.



Principal Place of Business: **C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**
Mailing Address: **C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

2. Principal Place of Business: **C/O William C. Mason
1301 Riverplace Blvd
Suite Apt #, etc: Suite 1700
City & State: Jacksonville, FL
Zip: 32207 Country: USA**
2a. Mailing Address: **C/O William C. Mason
1301 Riverplace Blvd.
Suite, Apt #, etc: Suite 1700
City & State: Jacksonville, FL
Zip: 32207 Country: USA**

3. Date Incorporated or Qualified: **08/08/1990** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3022666** Applied for: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent: **81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Accountable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Harvey Granger* **Harvey Granger** DATE: **7-29-96**
Signature of person authorized to file a report and state a corporation (NOTE: If a partner, agent, signatory to report, who is not a director)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	GROOVER, JACK R. MD	
STREET ADDRESS	820 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/>
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/>
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	DOOLITTLE, SANDRA O.	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/>
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/>
NAME	PERRY, KENNETH O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Groover, Jack R., M.D.		
13 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700		
14 CITY-ST-ZIP	Jacksonville, FL 32207		
21 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Jackson, Rebecca B.		
23 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700		
24 CITY-ST-ZIP	Jacksonville, FL 32207		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	D/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME	Thompson, Carol C.		
53 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700		
54 CITY-ST-ZIP	Jacksonville, FL 32207		
61 TITLE	V/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62 NAME	Perry, Kenneth C.		
63 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700		
64 CITY-ST-ZIP	Jacksonville, FL 32207		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* **Rebecca B. Jackson** DATE: **7-29-96** PHONE: **904/202-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)