

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L91705 (8)**  
 1. Corporation Name  
**HMS PHYSICIAN SERVICES, INC.**



Principal Place of Business <b>C/O WILLIAM C. MASON                  1301 RIVERPLACE BLVD., SUITE 1700                  JACKSONVILLE FL 32207                  US</b>	Mailing Address <b>C/O WILLIAM C. MASON                  1301 RIVERPLACE BLVD., SUITE 1700                  JACKSONVILLE FL 32207-8047                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/08/1990</b>	3a. Date of Last Report <b>08/05/1996</b>
21	26	4. FEI Number <b>59-3022666</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GRANGER, HARVEY                  GENERAL COUNSEL                  1301 RIVERPLACE BLVD., SUITE 1700                  JACKSONVILLE FL 32202</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GROOVER, JACK R. MD</b>	1.2 NAME	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S JACKSON, REBECCA B</b>	2.2 NAME	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV PARRETT, DONALD O.</b>	3.2 NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD. SUITE 901</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP THOMPSON, CAROL C.</b>	4.2 NAME	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Y PERRY, KENNETH O.</b>	5.2 NAME	
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 607, 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, Secretary** 4-23-97 904/202-4001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)