

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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 Mailing Address  
**C/O WILLIAM C. MASON** **C/O WILLIAM C. MASON**  
**1301 RIVERPLACE BLVD., SUITE 1700** **1301 RIVERPLACE BLVD., SUITE 1700**  
**JACKSONVILLE FL 32207** **JACKSONVILLE FL 32207**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/08/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3022666	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		6. Certificate of Status Desired <input type="checkbox"/>	
24		29		8.75 Additional Fee Required	
Country		Country		30	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		30		5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GRANGER, HARVEY</b> <b>GENERAL COUNSEL</b> <b>1301 RIVERPLACE BLVD., SUITE 1700</b> <b>JACKSONVILLE FL 32202</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				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 re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>GROOVER, JACK R, MD</b> <input checked="" type="checkbox"/> DELETE	1.2 NAME	<b>Maher, John J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1301 RIVERPLACE BLVD., SUITE 1700</b>	1.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Ste.1700</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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 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** 4-24-98 904/202-4005

CR2E034 (10/97)