


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 046 ***150.00

DOCUMENT # L91705
 1. Entity Name
 HMS PHYSICIAN SERVICES, INC.



Principal Place of Business Mailing Address
 C/O HARVEY GRANGER C/O HARVEY GRANGER
 1325 SAN MARCO BLVD., SUITE 902 1325 SAN MARCO BLVD., SUITE 902
 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

40080005



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-3022666 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DURKIN, CHRISTOPHER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lukaszenski, Michael 1325 San marco Blvd., suite 902 Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANGER, HARVEY 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greene, A. Hugh 1325 San marco Blvd., suite 902 Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRETT, DONALD O 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, CAROL C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Hughes* Date: 4/28/06 Daytime Phone #: 904-202-5010