

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91705

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HMS PHYSICIAN SERVICES, INC.

**Current Principal Place of Business:**

C/O HARVEY GRANGER  
1325 SAN MARCO BLVD., SUITE 902  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HARVEY GRANGER  
1325 SAN MARCO BLVD., SUITE 902  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 59-3022666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY  
1325 SAN MARCO BLVD.  
SUITE 902  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVT ( ) Delete  
Name: DURKIN, CHRISTOPHER  
Address: 1325 SAN MARCO BLVD., SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S ( ) Delete  
Name: GRANGER, HARVEY  
Address: 1325 SAN MARCO BLVD., SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DP ( ) Delete  
Name: LUKASZEWSKI, MICHAEL  
Address: 1325 SAN MARCO BOULEVARD SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete  
Name: GREENE, A. HUGH  
Address: 1325 SAN MARCO BOULEVARD SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32207 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: GRANGER, HARVEY  
Address: 1325 SAN MARCO BLVD., SUITE 902  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY GRANGER

ST

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date