

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91705

FILED
Apr 27, 2012
Secretary of State

Entity Name: HMS PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
BUILDING A, SUITE 106
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
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
841 PRUDENTIAL DRIVE
SUITE 1802
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

OFFICERS AND DIRECTORS:

Title: DV
Name: DURKIN, CHRISTOPHER
Address: 3563 PHILIPS HIGHWAY, BLDG A, STE 106
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ST
Name: GRANGER, HARVEY
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DP
Name: LUKASZEWSKI, MICHAEL
Address: 841 PRUDENTIAL DRIVE, SUITE 1601
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: GREENE, A. HUGH
Address: 841 PRUDENTIAL DRIVE, SUITE 1601
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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 all other like empowered.

SIGNATURE: HARVEY GRANGER

ST

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date