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Secretary of State

03-01-1999 90209 037 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020348

1. Corporation Name
HMS NATIONAL, INC.

Principal Place of Business
**400 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**

Mailing Address
**400 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

04-3412211

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

P.O. Box 551540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft Lauderdale, FL

Zip

Country

Zip

Country

33335-1540

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name **Cynthia J. Starrett**

82 Street Address (P.O. Box Number is Not Acceptable)

400 Sawgrass Corporate Pkwy.

83 **Sunrise, FL 33325**

84 City **Sunrise**

FL

85 Zip Code
33325

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 **Cynthia J. Starrett**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/99

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

Pyles, Alan

STREET ADDRESS

400 Sawgrass Corporate Pkwy

CITY-ST-ZIP

Sunrise, FL 33325

TITLE

V

☐ DELETE

NAME

Howard Wolk

STREET ADDRESS

400 Sawgrass Corporate Pkwy

CITY-ST-ZIP

Sunrise, FL 33325

TITLE

T

☐ DELETE

NAME

Cynthia J. Starrett

STREET ADDRESS

400 Sawgrass Corporate Pkwy

CITY-ST-ZIP

Sunrise, FL 33325

TITLE

S

☐ DELETE

NAME

Cynthia J. Starrett

STREET ADDRESS

400 Sawgrass Corporate Pkwy

CITY-ST-ZIP

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TITLE

S

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Sunrise, FL 33325

TITLE

S

☐ DELETE

NAME

Cynthia J. Starrett

STREET ADDRESS

400 Sawgrass Corporate Pkwy

CITY-ST-ZIP

Sunrise, FL 33325

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **Cynthia J. Starrett** **Cynthia J. Starrett Secy/Treas 1/26/99 (954) 845-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)