

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90066 025 \*\*\*150.00

**DOCUMENT # P98000020348**

1. Entity Name

**HMS NATIONAL, INC.**

Principal Place of Business <b>400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325</b>	Mailing Address <b>P O BOX 551540 FT LAUDERDALE FL 33355-1540</b>
---	--

00011826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1625 N.W. 136<sup>th</sup> Ave.</b> Suite, Apt. #, etc. <b>Ste. 200</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Ft. Lauderdale, FL</b>	City & State
Zip <b>33323</b>	Country <b>USA</b>

4. FEI Number <b>04-3412211</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STARRETT, CYNTHIA J 400 SAWGRASS CORPORATE PKWY SUNRISE FL 33325</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33323</b>
--	--

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.

SIGNATURE Cynthia J. Starrett *Cynthia J. Starrett* DATE 1/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PYLES, ALAN</b> <b>400 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE FL 33325</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kenneth E. Harthausen</b> <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale FL 33323</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WOLK, HOWARD</b> <b>400 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>STARRETT, CYNTHIA J</b> <b>400 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia J. Starrett *Cynthia J. Starrett* DATE 1/20/00 DAYTIME PHONE # 954-845-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #