


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90009 047 ***150.00

DOCUMENT # P98000020348

1. Entity Name
HMS NATIONAL, INC.



Principal Place of Business Mailing Address

**1625 NW 136TH AVE
 STE200
 FORT LAUDERDALE, FL 33323**

**P O BOX 551540
 FT LAUDERDALE, FL 33335-1540**

50001968



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

04-3412211 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	
JUDGES, ROBERT 1625 NW 136TH AVE STE200 FORT LAUDERDALE, FL 33323		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 reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOLK, HOWARD L			NAME	Judges, Robert W.		
STREET ADDRESS	1625 NW 136TH AVE STE 200			STREET ADDRESS	same		
CITY-ST-ZIP	FT LAUDERDALE, FL 33323			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLK, SIDNEY D			NAME			
STREET ADDRESS	1625 NW 136TH AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33323			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	=BUCKTHORPE, KEVIN			NAME			
STREET ADDRESS	1625 NW 136TH AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33323			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLK, JEFFREY C			NAME			
STREET ADDRESS	1625 NW 136TH AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33323			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLK, NATHAN T			NAME			
STREET ADDRESS	1625 NW 136TH AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33323			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert W. Judges* **Robert W. Judges**
 SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer 1/5/05 954-845-2474
Signature and Typed Name of Signing Officer or Director Date Daytime Phone #