


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90013 027 \*\*\*150.00

<b>DOCUMENT # P98000020348</b> 1. Entity Name <b>HMS NATIONAL, INC.</b>					
Principal Place of Business <b>1625 NW 136TH AVE STE200 FORT LAUDERDALE, FL 33323</b>			Mailing Address <b>P O BOX 551540 FT LAUDERDALE, FL 33335-1540</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
<b>6. Name and Address of Current Registered Agent</b>  <b>JUDGES, ROBERT 1625 NW 136TH AVE STE200 FORT LAUDERDALE, FL 33323</b>				<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WOLK, HOWARD L 1625 NW 136TH AVE., STE 210 FT LAUDERDALE, FL 33323</b> <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	<b>D WOLK, SIDNEY D 1625 NW 136 AVE., #210 FT LAUDERDALE, FL 33323</b> <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	<b>P CHEN, DIETRICH 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Joseph J. Incandela 1625 NW 136 Ave. #210 Ft. lauderdale FL 33323</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLK, JEFFREY C 1625 NW 136 AVE #210 FT LAUDERDALE, FL 33323</b> <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	<b>ST JUDGES, ROBERT W 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323</b> <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	



03202008      Chg-P      CR2E034 (12/06)

4. FEI Number      **04-3412211**      Applied For  
Not Applicable

5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Judges*  
3/25/08

Date

954-845-2325

Daytime Phone #