2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # V47669** HMS REAL ESTATE, INC. 04-27-2000 90059 005 ***150.00 Principal Place of Business Mailing Address C/O WILLIAM C. MASON C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207-9023 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3133073 Not Applicable Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANGER, HARVEY Street Address (P.O. Box Number is Not Acceptable) **GENERAL COUNSEL** 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32202 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRANGER, HARVEY NAME NAME 1301 RIVERPLACE BLVD., SUITE 1700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Change ■ Addition ☐ Delete TITI F TITLE PARRETT, DONALD O NAME NAME 1325 SAN MARCO BLVD., SUIE 901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE PERRY, KENNETH C NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 901 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE THOMPSON, CAROL C Q NAME NAME 1301 RIVERPLACE BLVD., SUITE 1700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE TITLE PERRY, LINDA NAME NAME 1325 SAN MARCO BLVD., SUITE 901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE JACKSON, REBECCA B NAME NAME

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 of or an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

Rebecca B. Dackson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1301 RIVERPLACE BLVD., SUITE 1700

JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

4-19-00

904/202-4005

Daytime Phone #