

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395736

(2)

1. Corporation Name

H.M.S. PROPERTIES, INC.



Principal Place of Business

Mailing Address

510 VONDERBURG DR
STE 3000
BRANDON FL 33511

510 VONDERBURG DR
STE 3000
BRANDON FL 33511

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COMPREHENSIVE HEALTH PLANNERS INC
510 VONDERBURG DR
BRANDON FL 33511

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/11/1972

3a. Date of Last Report

04/27/1995

4. FET Number

59-1421693

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the corporation

(Print) Registered Agent Signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PETER, E LESLIE (CHRM)
510 VONDERBURG DR
BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
COTTINGHAM, DUDLEY
RICHMOND ROAD
HAMILTON, BERMUDA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
CLARKE, BOYD
11 CENTURION COURT
WILLOWDALE, ONT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
LA BONTE, LORRAINE
510 VONDERBURG DR
BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
D'ELIA, ANNE
61 BROADWAY
NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
SCHNEIDER, HERBERT
510 VONDERBURG DR
BRANDON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lorraine LaBonte

4/18/96

813-685-0891

FILE

Daytime Phone

CR2E034 (12/95)