PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 395736 i. Corporation Name

H.M.S. PROPERTIES, INC.

| FILED | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|
| Mar 01, 1999 8:00 am | | | | | | | | |
| Secretary of State | | | | | | | | |
| 03-01-1999 90181 019 ***150 00 | | | | | | | | |



| ivipai Plac | e of Business | Mailing Address | | | | | |
|---------------------------------|--|-------------------------------|---------------------|--------|----------------|---|--|
| VONDERBURG DR 510 VONDERBURG DR | | | | | | | |
| 3000 | 3000 STE 3000 | | | | | DO NOT WORK IN THE ODAGE | |
| FL : | 33511 | BRANDON FL 33511 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | 02/11/1972 | |
| Principal Place of Business | | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| | | 26 | | | | 59-1421693 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | |
| | | | | | | Fee Required | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| | | 28 | | | _ | Trust Fund Contribution Added to Fees | |
| ip. | Country | Zip | Country | | | 8. This corporation owes the current year Intangible | |
| | 25 | 29 | 30 | | | Personal Property Tax. ☐ Yes □ No | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | | |
| COV | MPREHENSIVE HEALTH PLANN | iers inc | | 82 | C44 | Address (D.O. Boy Mysthos in Not Accontable) | |
| 510 | VONDERBURG DR | | | | Street | Address (P.O. Box Number is Not Acceptable) | |
| BRA | NDON FL 33511 | | | 83 | | | |
| | | | | | | | |
| | | | | 84 | City | FL 85 Zip Code | |
| Dursupet | to the provisions of Sections 607.05 | 502 and 607 1508 Florida Stat | tutes the a | hove | named | corporation submits this statement for the purpose of changing its registered | |
| | Signature, typed or printed name of registered a | | | Agen | t signature re | equired when reinstating) DATE | |
| _ | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ↑ Change ☐ Addition | |
| | S | ☐ DELETE | 1.1 TI | | | E Charige Maddin | |
| | WARMFLASH, DAVID | | 1.2 N | AME | 1 | | |
| _ I ADDRESS | 61 BROADWAY | | 1.3 \$1 | TREET | ADDRESS | 115 Broadway | |
| ST ZIP | NEW YORK NY 10006 | | 1.4 CI | TY-S1 | - ZIP | | |
| | D | ☐ DELETE | 2.1 TI | TLE | Ì | ☐ Change ☐ Additi | |
| | COTTINGHAM, DUDLEY | | 2.2 N | AME | Į | | |
| _I ADIANLES | RICHMOND ROAD | | 2.3 S | TREET | ADDRESS | , • | |
| ST-ZIP | HAMILTON, BERMUDA | | 2.40 | ITY-S | T-ZIP | | |
| | TDVS | ☐ DELETE | 3.1 TI | TLE | | ☐ Change ☐ Additiv | |
| | CLARKE, BOYD | | 3.2 N/ | AME | | | |
| _ I ADDRESS | 11 CENTURION COURT | | 3.3 ST | TREET | ADDRESS | | |
| ST-ZIP | WILLOWDALE, ONT | | | aty-s | | · | |
| | PD | ☐ DELETE | 4.1 TI | | | Change Additi | |
| | LESLIE, PETER E CHRM | | 4.2 N | | | | |
| . ALBAN ET | CAO MONDEDONDO DO | | | | ADDRESS | | |
| _ AUDRESS | BRANDON FL | | | | | | |
| ST ZIP | | ☐ DELETE | | TY-\$1 | 1-ZIP | € Change Additi | |
| | AS ANNE | ∏ nereie | 5.1 TI 5.2 N | | ĺ | · Se commenda | |
| | D'ELIA, ANNE | | i i | | *DDDCCC | 115 Prondrow | |
| I WINDSFEE | | | | | ADORESS | 115 Broadway | |
| ST-ZIP | NEW YORK NY | | | rty-st | I-ZIP | , K-/n | |
| | AS | ☐ DELETE | 6.1 ∏ | | } | ∵ ∑ Change | |
| | WHISENANT, CLAUDETTE | | 6.2 N/ | | | 510 Vandambura Driva | |
| 1 ADDRESS | | | 6.3 \$7 | TREET | ADDRESS | 510 Vonderburg Drive | |
| | NEW YORK NY 10006 | | 640 | mv et | 770 | Brandón: Florida 33511 | |

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 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 one attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR

212-577-2800