FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834429** **(3)**

1. Corporation Name
H.M.O. SERVICES CORPORATION

Principal Place of Business	Mailing Address
C/O COMPREHENSIVE HEALTH PLANNERS, INC 510 VONDERBURG DR., SUITE 3000 BRANDON FL 33511-4901 US	C/O COMPREHENSIVE HEALTH PLANNERS, INC 510 VONDERBURG DR., SUITE 3000 BRANDON FL 33511-4901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1975
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 51-0123387 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMPREHENSIVE HEALTH PLANNERS, INC.
510 VONDERBURG DR.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COTTINGHAM, DUDLEY	1.2 NAME	
STREET ADDRESS	CENTRY HSE, RICHMOND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, BERMUDA	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, E. BOYD	2.2 NAME	
STREET ADDRESS	11 CENTURION CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETER, E. LESLIE	3.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LA BONTE, LORRAINE	4.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	D'ELIA, ANNE	5.2 NAME	
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, HERBERT	6.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	

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: Lorraine LaBonte 4/13/95 813-685-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lorraine LaBonte

0094004 CP