

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 834429 (3)  
1. Corporation Name  
H.M.O. SERVICES CORPORATION

Principal Place of Business C/O COMPREHENSIVE HEALTH PLANNERS, INC. 510 VONDERBURG DR., SUITE 3000 BRANDON FL 33511-4931 US	Mailing Address C/O COMPREHENSIVE HEALTH PLANNERS, INC. 510 VONDERBURG DR., SUITE 3000 BRANDON FL 33511-4931 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0123387	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COTTINGHAM, DUDLEY	1.1 TITLE	Secretary
NAME	CENTRY HSE, RICHMOND RD	1.2 NAME	David Warmflash
STREET ADDRESS	HAMILTON, BERMUDA	1.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10006
TITLE	TD	2.1 TITLE	Ass't. Sec.
NAME	CLARKE, E. BOYD	2.2 NAME	Claudette Whisenant
STREET ADDRESS	11 CENTURION CT	2.3 STREET ADDRESS	510 Vonderburg Dr.
CITY-ST-ZIP	WILLOWDALE, ONTARIO	2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	PD	3.1 TITLE	
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	
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	
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	
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 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 2/6/98 20383-530V

CR2034 (10/97)