2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000109

1. Entity Name HMS MONITOR, INC.



FILED Apr 30, 2007 08:00 AN Secretary of State

Principal Place of Business

3102 WEST END AVENUE, SUITE 400 NASHVILLE, TN 37203

Mailing Address

3102 WEST END AVENUE, SUITE 400 NASHVILLE, TN 37203



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1218334

5. Certificate of Status Desired

\$8.75 Additional

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-\$T-ZIP	PD STEPHENSON, THOMAS 3102 WEST END AVENUE, SUITE 400 NASHVILLE, TN 37203)			U00000745976 05/16/07-80048-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO AGEE, PAUL 3102 WEST END AVENUE, SUITE 400 NASHVILLE, TN 37203)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CLTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7IP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

12. I nereby certify that the information supplied with this little goes not qualify for the exemptions contained in Chapter 19, Profide Statutes. Turner 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED N.

Paul T. Agec C

4/25/17

415 383 7300

Daytime Phone ≢