

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90060 001 \*\*\*150.00

0146651 AR

**DOCUMENT # F02000000109**

1. Entity Name  
**HMS MONITOR, INC.**



Principal Place of Business  
**3102 WEST END AVENUE, SUITE 400  
NASHVILLE TN 37203**

Mailing Address  
**3102 WEST END AVENUE, SUITE 400  
NASHVILLE TN 37203**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



CHECK HERE IF MAKING CHANGES

|   |  |  |
|---|--|--|
| 4. FEI Number <b>62-1218334</b>   |  | Applied For  |
|   |  | Not Applicable                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required              |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> |  | Name   |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |
|   |  | City   |
|   |  | State <b>FL</b> Zip Code                           |

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>GIVENS, THOMAS E</b><br><b>3102 WEST END AVENUE, SUITE 400</b><br><b>NASHVILLE TN 37203</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD</b><br><b>DOSS, JOHN</b><br><b>3102 WEST END AVENUE, SUITE 400</b><br><b>NASHVILLE TN 37203</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: \_\_\_\_\_ DATE: **7/18/03** DAYTIME PHONE #: **615-383-7300**

**SIGNATURE REQUIRED**

CR2E034 (4/03)

*A Attachment*

**HMS** *Monitor*<sup>SM</sup>

HEALTHCARE MANAGEMENT SYSTEMS, INC.

80136576  
#FO2000000109

July 18, 2003

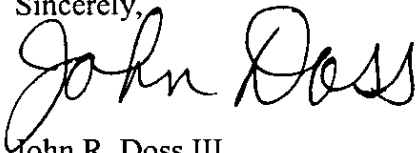
Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: Annual Report Prior Notice

To Whom It May Concern:

Our corporation did not receive the annual report prior notice. We ask that you waive the late fee of \$400. We have submitted the original \$150 filing fee.

Sincerely,



John R. Doss III  
*Executive Vice President*