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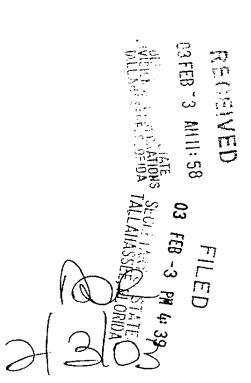
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ACCOUNT NO. : 072100000032

REFERENCE : 913690

AUTHORIZATION :

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4326147

COST LIMIT : \$ 35.00

ORDER DATE: January 30, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 913690-010

CUSTOMER NO: 4326147

CUSTOMER: Mr. Steve Garofalo

Health Management Systems,

401 Park Avenue South

New York, NY 10016

CHANGE OF AGENT

NAME: HEALTH RECEIVABLES MANAGEMENT,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

\* \* \* FILING FEE: \$35.00 \* \* \*