

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002486

1. Corporation Name

Third Party Liability Recovery, INC.

2. Principal Office Address

401 Park Avenue South

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10016

Country

USA

3. Mailing Office Address

401 Park Avenue South

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10016

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1993

5. FEI Number

13-2770433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

STE 105

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

10/22/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

Daytime Phone #

10/18/01 212 685-4545

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Health Management Systems, Inc.
EIN: 13-2770433
Executive Corporate Officers

Title	Name	Business Address
Chairman & Chief Executive Officer	William F. Miller	Health Management Systems, Inc. 2100 McKinney Avenue 18th Fl Dallas, TX 75201
President & Chief Operating Officer	Robert M. Holster	Health Management Systems, Inc. 401 Park Avenue South New York, NY 10016
Vice President & Chief Information Officer	Alan J. Hayes	Health Management Systems Inc. 401 Park Avenue South New York, NY 10016
Vice President & Controller	Phillip Rydzewski	Health Management Systems Inc. 401 Park Avenue South New York, NY 10016
Vice President & Human Resources	Lewis D. Levetown	Health Management Systems, Inc. 401 Park Avenue South New York, NY 10016

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Health Management Systems, Inc.
EIN: 13-2770433
Directors

Name	Business Address
Randolph G. Brown	227 Christopher Columbus Dr. Apt 108B Jersey City, NJ 07302
William F. Miller, III (Chairman)	Health Management Systems, Inc. 2100 McKinney Avenue 18th Fl Dallas, TX 75201
Robert V. Nagelhout	HCM, Inc. 200 N. Sepulveda Blvd. Suite 600 El Segundo, CA 90245
William W. Neal	Piedmont Venture Partners 6805 Morrison Blvd., Suite 380 Charlotte, NC 28211
Galen D. Powers	Powers, Pyles, Sutter & Verville, P.C. 1875 Eye Street, 12th Floor Washington, D.C. 20006
Ellen A. Rudnick	The University of Chicago Graduate School of Business 1102 East 58th Street Chicago, IL 60637
Richard H. Stowe	Capital Counsel, LLC 350 Park Avenue, 11th Floor New York, NY 10022

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