

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90061 039 ***150.00

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1. Entity Name
HEALTH MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**401 PARK AVENUE SOUTH
NEW YORK, NY 10016**

Mailing Address
**401 PARK AVENUE SOUTH
NEW YORK, NY 10016**

40024000



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2770433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUCIA, WILLIAM C
STREET ADDRESS 1140 EMPIRE CENTRAL DR STE 450
CITY-ST-ZIP DALLAS, TX 75247

TITLE S
NAME SNYDER-CRUZ, LAURA JO
STREET ADDRESS 401 PARK AVE S
CITY-ST-ZIP NEW YORK, NY 10016

TITLE CFOD
NAME ARCHBOLD, THOMAS G
STREET ADDRESS 401 PARK AVE S
CITY-ST-ZIP NEW YORK, NY 10016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Archbold

Date

Daytime Phone #

212-685-4545