

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90024 030 \*\*\*150.00

**DOCUMENT # F93000002486**

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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

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, 2008 Fee will be \$550.00**

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

TITLE ☒ Change ☐ Addition  
NAME **401 Park Avenue South**  
STREET ADDRESS **New York, NY 10016**  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **Secretary, TREASURER, Director**  
STREET ADDRESS **Walter D. Hosp**  
CITY-ST-ZIP **401 Park Avenue South**  
**New York, NY 10016**

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

TITLE ☐ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Robert M. Holster**  
CITY-ST-ZIP **401 Park Avenue South**  
**New York, NY 10016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2-12-08**

Date

Daytime Phone #