

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002486

FILED
Jan 24, 2009
Secretary of State

Entity Name: HEALTH MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

401 PARK AVENUE SOUTH
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

401 PARK AVENUE SOUTH
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 13-2770433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUCIA, WILLIAM C
Address: 401 PRK AVE S
City-St-Zip: NEW YORK, NY 10016

Title: ST () Delete
Name: HOSP, WALTER D
Address: 401 PRK AVE S
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: HOLSTER, ROBERT M
Address: 401 PRK AVE S
City-St-Zip: NEW YORK, NY 10016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LUCIA, WILLIAM C
Address: 401 PARK AVE SOUTH
City-St-Zip: NEW YORK, NY 10016

Title: STD (X) Change () Addition
Name: HOSP, WALTER D
Address: 401 PARK AVE SOUTH
City-St-Zip: NEW YORK, NY 10016

Title: D (X) Change () Addition
Name: HOLSTER, ROBERT M
Address: 401 PARK AVE SOUTH
City-St-Zip: NEW YORK, NY 10016

Title: VPHR () Change (X) Addition
Name: SCHMID, DAVID
Address: 5615 HIGHPOINT AVENUE
City-St-Zip: IRVING, TX 75038

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER D. HOSP

CFO

01/24/2009

Electronic Signature of Signing Officer or Director

Date