

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000002486

**FILED**  
**Feb 06, 2010**  
**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:** PRES  
**Name:** LUCIA, WILLIAM C  
**Address:** 401 PARK AVE SOUTH  
**City-St-Zip:** NEW YORK, NY 10016

**Title:** STD  
**Name:** HOSP, WALTER D  
**Address:** 401 PARK AVE SOUTH  
**City-St-Zip:** NEW YORK, NY 10016

**Title:** VPHR  
**Name:** SCHMID, DAVID  
**Address:** 5615 HIGHPOINT AVENUE  
**City-St-Zip:** IRVING, TX 75038

I hereby 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 all other like empowered.

**SIGNATURE:** WALTER D HOSP

SEC

02/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date