

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002486

FILED
Apr 16, 2012
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:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
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

OFFICERS AND DIRECTORS:

Title: PD
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

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: CHRISTINE M. SAENZ

AS

04/16/2012

Electronic Signature of Signing Officer or Director

Date