FILE No.008 02/27 '03 13:40 ID:CSC

FEB-27-03 10:20 From:12129675004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

DOCUMENT # F93000002486

1. Corporation Name
Third Party Liability Recovery, INC.

2. Principal Office Address	3. Mailing Office Address
401 Park Avenue South	c/o Health Management Systems, INC
Suite, Apt. #, etc.	Suite, Apt. #, etc. 401 Park Avenue South
City & State New York NY	City & State New York NY
Zip 10016 Country U.S.A.	Zip 10016 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 5/27/93

5. FEI Number 13-2770433 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays ST

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Brian Courtney Asst V. Pres. Date: 2/27/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
	See attached		

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and that names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Philip Rydzewski 2/26/03 212 685-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H030000655214

Health Management Systems, Inc.
EIN: 13-2770433
Executive Corporate Officers

Title	Name	Business Address
Chairman & Chief Executive Officer	William F. Miller, III	Health Management Systems, Inc. 2100 McKinney Avenue Suite 1801 Dallas, TX 75201
President & Chief Operating Officer	Robert M. Holster	Health Management Systems, Inc. 401 Park Avenue South New York, NY 10016
SR Vice President & Chief Financial Officer Treasurer	Philip Rydzewski	Health Management Systems Inc. 401 Park Avenue South New York, NY 10016
President & Payor Services DiMelon	William C. Lucia	Health Management Systems, Inc. 401 Park Avenue South New York, NY 10016
Vice President & Human Resources	Lewis D. Levetown	Health Management Systems, Inc. 401 Park Avenue South New York, NY 10016

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H030000655214

Health Management Systems, Inc.
EIN: 13-2770433
Directors

Name	Business Address
Randolph G. Brown	3020 Bridgeway #452 Sausalito, CA 94965
William F. Miller, III (Chairman)	Health Management Systems, Inc. 2100 McKinney Avenue Suite 1901 Dallas, TX 75201
James T. Kelly	6 Oak Ridge Road Newtown, Ct 06470
William W. Neal	Piedmont Venture Partners 6805 Morrison Blvd., Suite 380 Charlotte, NC 28211
Galen D. Powers	Powers, Pyles, Sutter & Verville, P.C. 1875 Eye Street, 12th Floor Washington, D.C. 20006
Ellen A. Rudnick	The University of Chicago Graduate School of Business 1102 East 58th Street Chicago, IL 60637
Richard H. Stowe	Capital Counsel, LLC 350 Park Avenue, 11th Floor New York, NY 10022

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

THIRD PARTY LIABILITY RECOVERY, INC.

Certificate of Status	1
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