

# F93000002486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

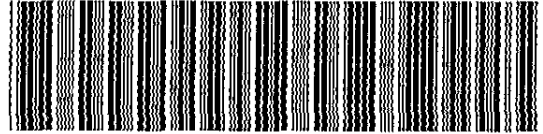
(Business Entity Name)

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DEPARTMENT OF STATE

C. Coulliette AUG 07 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 196195 4326147  
AUTHORIZATION : *Patricia Pignato*  
COST LIMIT : \$ ~~50.00~~

*\$35*

ORDER DATE : August 6, 2003  
ORDER TIME : 9:38 AM  
ORDER NO. : 196195-005  
CUSTOMER NO: 4326147

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FICTITIOUS NAME CANCELLATION

FICTITIOUS NAME: THIRD PARTY LIABILITY  
RECOVERY, INC.

*dba*

Please file the attached registration, of the shown above and return the document(s) indicated below:

- Certified Copy
- Plain Stamped Copy
- Certificate of Status

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS:

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*Fict. Name Cancellation  
for Health Management Systems, Inc.*

## RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Philip Rydzewski, do hereby certify that this Resolution of the Board of Directors of Health Management Systems, Inc., a corporation duly organized and existing under the laws of the State of New York, was duly adopted on July 31, 2003.

Be it resolved, that Health Management Systems, Inc., organized and existing in the State of New York, hereby cancels the fictitious name Third Party Liability Recovery, Inc. for use in Florida.

Dated: August 5, 2003



Philip Rydzewski, Chief Financial Officer

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