

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53681

FILED
Apr 16, 2009
Secretary of State

Entity Name: HMS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1625 NW 136TH AVE
SUITE 200
FORT LAUDERDALE, FL 33323 US

Current Mailing Address:

P O BOX 551540
FT LAUDERDALE, FL 33355-154 US

New Principal Place of Business:

1625 NW 136TH AVE
SUITE 210
FORT LAUDERDALE, FL 33323 US

New Mailing Address:

FEI Number: 59-2388171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDGES, ROBERT
1625 NW 136TH AVE
SUITE 200
FORT LAUDERDALE, FL 33323 US

Name and Address of New Registered Agent:

THRAUM, TAMI M
1625 NW 136TH AVE
SUITE 210
FORT LAUDERDALE, FL 33323 US

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: TAMI M. THRAUM

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WOLK, HOWARD L
Address: 1625 NW 136TH AVE SUITE 210
City-St-Zip: FT LAUDERDALE, FL 33323

Title: ST () Delete
Name: JUDGES, ROBERT
Address: 1625 NW 136TH AVE SUITE 210
City-St-Zip: FT LAUDERDALE, FL 33323

Title: P () Delete
Name: INCANDELA, JOSEPH J
Address: 1625 NW 136 AVE. #210
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: WOLK, SIDNEY D
Address: 1625 NW 136TH AVE SUITE 210
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: WOLK, JEFFREY C
Address: 1625 NW 136TH AVE SUITE 210
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: THRAUM, TAMI M
Address: 1625 NW 136TH AVE SUITE 210
City-St-Zip: FT LAUDERDALE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAMI M. THRAUM

ST

04/16/2009

Electronic Signature of Signing Officer or Director

Date