

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08798

(7)

1. Corporation Name

HMS MEDICAL, INC.

Principal Place of Business

C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address

C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

50-2719616

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK BLDG
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	COOPER, EDGAR R.
STREET ADDRESS	7822 LINKSIDE DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	MCLEAR, WILLIAM Z.
STREET ADDRESS	800 PRUDENTIAL DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	PARRETT, DONALD O.
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	PERRY, KENNETH
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	THOMPSON, CAROL C.
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VST
NAME	GRANGER, HARVEY
STREET ADDRESS	800 PRUDENTIAL DR.
CITY - ST - ZIP	JACKSONVILLE FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Rebecca B. Jackson

Rebecca B. Jackson

4-25-95

904/393-2001

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

J04798

HMS MEDICAL, INC.

AST

Jackson, Rebecca B.

800 Prudential Drive

Jacksonville, FL 32207