SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J08798** **(7)**

1. Corporation Name
HMS MEDICAL, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

	Principal Place of Business		Mailing Address
	c/o William C. Mason		c/o William C. Mason
2. / 21	1301 Riverplace Blvd	2a. / 26	1301 Riverplace Blvd.
22 Suite, Apt. #, etc	Suite 1700	27 Suite, Apt. #, etc	Suite 1700
23 City & State	Jacksonville, FL	28 City & State	Jacksonville, FL
24 Zip	32207	29 Zip	32207
25 Country	USA	30 Country	USA

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2719616 ☐ 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

9. **Name and Address of Current Registered Agent**
SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK BLDG
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**
81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83: Suite 1700
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Harvey Granger — Harvey Granger — 7-29-96
Signature, type or print name of officer/director, agent and title. Suppl. Info. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	COOPER, EDGAR R.		12 NAME	
STREET ADDRESS	7822 LINKSIDE DR.		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCLEAR, WILLIAM Z.		22 NAME	
STREET ADDRESS	800 PRUDENTIAL DR.		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PARRETT, DONALD O.		32 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	PERRY, KENNETH		42 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	D ☒ Change ☐ Addition
NAME	THOMPSON, CAROL C.		52 NAME	Thompson, Carol C.
STREET ADDRESS	800 PRUDENTIAL DRIVE		53 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VST	☐ DELETE	61 TITLE	V/S/T ☒ Change ☐ Addition
NAME	GRANGER, HARVEY		62 NAME	Granger, Harvey
STREET ADDRESS	800 PRUDENTIAL DR.		63 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	Jacksonville, FL 32207

CR2E034 (3/96)

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca B. Jackson — Rebecca B. Jackson — 7-29-96 — 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0002707 CP

HMS MEDICAL, INC.

AS/AT Jackson, Rebecca B. 1301 Riverplace Blvd.,Suite 1700 Jacksonville, FL 32207