

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 02 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J08798 (7)**  
 1. Corporation Name  
**HMS MEDICAL, INC.**



Principal Place of Business <b>C/O WILLIAM C. MASON</b> <b>1301 RIVERPLACE BLVD., SUITE 1700</b> <b>JACKSONVILLE FL 32207</b> <b>US</b>	Mailing Address <b>C/O WILLIAM C. MASON</b> <b>1301 RIVERPLACE BLVD.</b> <b>JACKSONVILLE 32 32207-9047</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>04/10/1986</b>	<b>3a. Date of Last Report</b> <b>08/05/1996</b>
<b>4. FEI Number</b> <b>59-2719616</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>GRANGER, HARVEY</b> <b>1301 RIVERPLACE BLVD., SUITE 1700</b> <b>1800 FIRST UNION NATIONAL BANK BLDG</b> <b>JACKSONVILLE FL 32202</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>CD</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>COOPER, EDGAR R.</b> <b>STREET ADDRESS</b> <b>7822 LINKSIDE DR.</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>MCLEAR, WILLIAM Z.</b> <b>STREET ADDRESS</b> <b>800 PRUDENTIAL DR.</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>PD</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>PARRETT, DONALD O.</b> <b>STREET ADDRESS</b> <b>1325 SAN MARCO BLVD. SUITE 901</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>VD</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>PERRY, KENNETH</b> <b>STREET ADDRESS</b> <b>1325 SAN MARCO BLVD.</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>THOMPSON, CAROL C.</b> <b>STREET ADDRESS</b> <b>1301 RIVERPLACE BLVD., SUITE 1700</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>VST</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>GRANGER, HARVEY</b> <b>STREET ADDRESS</b> <b>800 PRUDENTIAL DR.</b> <b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I do hereby certify that the information supplied with this filing 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 607, 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, Asst. Sec. 4-23-97 904/202-4001**

CR2E034 (9/96)

**HMS MEDICAL, INC.**

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