


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

FILED
May 15 1998 8:00am
Secretary of State

 PROFIT CORPORATION ANNUAL REPORT 1998		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 C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 US		Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD. JACKSONVILLE 32 32207 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent GRANGER, HARVEY 1301 RIVERPLACE BLVD., SUITE 1700 1800 FIRST UNION NATIONAL BANK BLDG JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COOPER, EDGAR R. 7822 LINKSIDE DR. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAR, WILLIAM Z. 800 PRUDENTIAL DR. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRETT, DONALD O. 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, KENNETH 1325 SAN MARCO BLVD. JACKSONVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CAROL C. 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GRANGER, HARVEY 800 PRUDENTIAL DR. JACKSONVILLE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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** 4-24-98 904/202-4005

CR2E034 (10/97)

HMS MEDICAL, INC.

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