FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
95 MAY -1 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K17678 (9)

1. Corporation Name
HMS TEXAS, INC.

Principal Place of Business
6365 TAFT ST
HOLLYWOOD FL 33024
US

Mailing Address
6365 TAFT ST
HOLLYWOOD FL 33024
US

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business
21 400 SAWGRASS CORPORATE PWY
Suite, Apt. #, etc. 22
City & State 23 SUNRISE, FLORIDA
Zip 24 33325 Country 25 ?

2a. Mailing Address
26 400 SAWGRASS CORPORATE PWY
Suite, Apt. #, etc. 27
City & State 28 SUNRISE, FLORIDA
Zip 29 33325 Country 30

4. FEI Number 65-0039829 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
STEWART, MELVIN
6365 TAFT ST., STE. 2000
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name JONES, MICHAEL F.
82 Street Address (P.O. Box Number is Not Acceptable) 400 SAWGRASS CORPORATE PARKWAY
83
84 City SUNRISE FL 85 Zip Code 33325

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] 5/9/96
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BUCCELLATO, CARL	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VP	☐ DELETE
NAME	JONES, MICHAEL F.	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	☒ DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	☐ DELETE
NAME	JONES, MICHAEL F.	
STREET ADDRESS	6365 TAFT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TVP	☐ DELETE
NAME	MORRIS, C G	
STREET ADDRESS	3365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	☐ DELETE
NAME	BASCUE, CHARLES	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
1.4 CITY-ST-ZIP	SUNRISE, FL 33325	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
2.4 CITY-ST-ZIP	SUNRISE, FL 33325	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
3.4 CITY-ST-ZIP	SUNRISE, FL 33325	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
4.4 CITY-ST-ZIP	SUNRISE, FL 33325	
5.1 TITLE	TVPD	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
5.4 CITY-ST-ZIP	SUNRISE, FL 33325	
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
6.4 CITY-ST-ZIP	SUNRISE, FL 33325	

100001158965-B Amount
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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)(k), 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: [signature] 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/5/10