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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K17678 (9)

1. Corporation Name
HMS TEXAS, INC.



Principal Place of Business

400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325
US

Mailing Address

400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325-6235
US

3. Date Incorporated or Qualified
03/10/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

JONES, MICHAEL F
400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325

10. Name and Address of New Registered Agent

81 Name

KAREN CHILDRESS

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

400 SAWGRASS CORPORATE PKWY

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]

3/14/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BUCCELLATO, CARL
STREET ADDRESS
400 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP
SUNRISE FL 33325

TITLE ☒ DELETE

NAME
JONES, MICHAEL F
STREET ADDRESS
400 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP
SUNRISE FL 33325

TITLE ☒ DELETE

NAME
JONES, MICHAEL F
STREET ADDRESS
400 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP
SUNRISE FL 33325

TITLE ☐ DELETE

NAME
MORRIS, C G
STREET ADDRESS
400 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP
SUNRISE FL 33325

TITLE ☐ DELETE

NAME
BASCUE, CHARLES
STREET ADDRESS
400 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP
SUNRISE FL 33325

TITLE ☐ DELETE

NAME
BASCUE, CHARLES
STREET ADDRESS
6385 TAFT ST
CITY - ST - ZIP
HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME
C. GREGORY MORRIS

2.2 NAME

2.3 STREET ADDRESS
400 SAWGRASS CORPORATE PKWY

2.4 CITY - ST - ZIP
SUNRISE, FL 33325

3.1 TITLE ☒ Change ☐ Addition

NAME
KAREN CHILDRESS

3.2 NAME

3.3 STREET ADDRESS
400 SAWGRASS CORPORATE PKWY

3.4 CITY - ST - ZIP
SUNRISE, FL 33325

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

(954) 845-9100

Daytime Phone #

0205652

CR2E034 (9/96)