

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 NOV -2 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <b>K17678</b> (9)
1. Corporation Name <b>HMS TEXAS, INC.</b>

Principal Place of Business <b>400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 US</b>	Mailing Address <b>400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 US</b>
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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
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3. Date Incorporated or Qualified <b>03/10/1988</b>	
4. FEI Number <b>65-0039829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JONES, MICHAEL F 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Cynthia Starrett</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>400 Sawgrass Corporate Pkwy</b>	
83 City <b>Sunrise</b>	85 Zip Code <b>FL 33325</b>

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 <i>Cynthia Starrett</i>	DATE <b>8/31/98</b>

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCELLATO, CARL 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MORRIS, C. GREGORY 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHILDRESS, KAREN 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MORRIS, C G 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASCUE, CHARLES 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASCUE, CHARLES 6365 TAFT ST HOLLYWOOD FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Alan Pyles 400 Sawgrass Corporate Pkwy Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Howard Wolk 400 Sawgrass Corporate Pkwy Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Cynthia Starrett 400 Sawgrass Corporate Pkwy Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Nathan Wolk 400 Sawgrass Corporate Pkwy Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>400002682614-5</b> <b>-11/06/98-01094-004</b> <b>****558.75 ****558.75</b>
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: <i>Cynthia Starrett</i>	DATE: <b>8/31/98</b> (954) 845-9100