

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90135 012 \*\*\*150.00

DOCUMENT # K17678

1. Entity Name

HMS TEXAS, INC.

Principal Place of Business

400 SAWGRASS CORPORATE PWY  
SUNRISE FL 33325  
US

Mailing Address

P O BOX 551540  
FT LAUDERDALE FL 33355-1540  
US

2. Principal Place of Business

1625 N.W. 136<sup>th</sup> Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, FL

Zip

33323

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0039829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STARRETT, CYNTHIA  
400 SAWGRASS CORPORATE PWY  
SUNRISE FL 33325

7. Name and Address of New Registered Agent

Name

Cynthia J. Starrett

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

1625 N.W. 136<sup>th</sup> Ave., Ste 200

City

Ft. Lauderdale

FL

Zip Code 33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Cynthia J. Starrett

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

(NOTE: Registered Agent signature required when reinstating)

Cynthia J. Starrett

DATE

1/13/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME PYLES, ALAN ☒ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE V  
NAME WOLK, HOWARD ☐ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ST.  
NAME STARRETT, CYNTHIA ☒ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Kenneth E. Harthausen ☐ Change ☒ Add  
STREET ADDRESS 1625 N.W. 136<sup>th</sup> Ave., Ste 200  
CITY-ST-ZIP Ft. Lauderdale, FL 33323

TITLE  
NAME 1625 N.W. 136<sup>th</sup> Ave., Ste 200 ☒ Change ☐ Add  
STREET ADDRESS Ft. Lauderdale, FL 33323  
CITY-ST-ZIP

TITLE  
NAME 1625 N.W. 136<sup>th</sup> Ave., Ste 200 ☒ Change ☐ Add  
STREET ADDRESS Ft. Lauderdale, FL 33323  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia J. Starrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia J. Starrett

Date

Daytime Phone #

1/13/00

954-845-9100