2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60895

Entity Name: HEALTH MANAGEMENT SPECIALISTS, INC.

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2334 E. HIGHWAY 100 4751 E. HIGHWAY 100

SUITE 6E SUITE 6E

BUNNELL, FL 32110 US BUNNELL, FL 32110 US

Current Mailing Address: New Mailing Address:

2334 E. HIGHWAY 100 4751 E. HIGHWAY 100

SUITE 6E SUITE 6E BUNNELL, FL 32110 US BUNNELL, FL 32110 US

FEI Number: 65-0099673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMBY, EILEEN
2334 E, HIGHWAY 100
SUITE 6E
BUNNELL, FL 32110 US
HAMBY, EILEEN
4751 E, HIGHWAY 100
SUITE 6E
BUNNELL, FL 32110 US

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.

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

03/11/2008

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: HAMBY, EILEEN F Name: HAMBY, EILEEN F

Address: 2334 E. HIGHWAY 100, SUITE 6E Address: 4751 E. HIGHWAY 100, SUITE 6E

City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN F. HAMBY DPST 03/11/2008

Electronic Signature of Signing Officer or Director

Date