

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60895

FILED
Jan 19, 2009
Secretary of State

Entity Name: HEALTH MANAGEMENT SPECIALISTS, INC.

Current Principal Place of Business:

4751 E. HIGHWAY 100
SUITE 6E
BUNNELL, FL 32110 US

New Principal Place of Business:

4751 E. MOODY BLVD.
SUITE 6E
BUNNELL, FL 32110 US

Current Mailing Address:

4751 E. HIGHWAY 100
SUITE 6E
BUNNELL, FL 32110 US

New Mailing Address:

4751 E. MOODY BLVD.
SUITE 6E
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:

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

Name and Address of New Registered Agent:

HAMBY, EILEEN
4751 E. MOODY BLVD.
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.

SIGNATURE:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HAMBY, EILEEN F
Address: 4751 E. HIGHWAY 100, SUITE 6E
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HAMBY, EILEEN F
Address: 4751 E. MOODY BLVD, SUITE 6E
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

01/19/2009

Electronic Signature of Signing Officer or Director

Date