

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60895

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** HEALTH MANAGEMENT SPECIALISTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2995 N. OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 US

**Current Mailing Address:**

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

**New Mailing Address:**

2995 N. OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 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. MOODY BLVD.  
SUITE 6E  
BUNNELL, FL 32110 US

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

HAMBY, EILEEN  
2995 N. OCEANSHORE BLVD.  
FLAGLER BEACH, FL 32136 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:

Electronic Signature of Registered Agent

01/28/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: HAMBY, EILEEN F  
Address: 2995 N. OCEANSHORE BLVD.  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: EILEEN F HAMBY

DPST

01/28/2011

Electronic Signature of Signing Officer or Director

Date