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FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00821 (3)  
1. Corporation Name  
HEALTHCARE MANAGEMENT DECISIONS INC.



Principal Place of Business: 1112ND AVE NE, STE 1201, ST. PETERSBURG FL 33703 US  
Mailing Address: 111 2ND AVE NE, STE 1201, ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 111 2nd AVE NE, Suite, Apt. #, etc. 22 Suite 1500, City & State 23 St. Petersburg, Zip 24 33701, Country 25 Pinellas  
2a. Mailing Address: 26 111 2nd AVE NE, Suite, Apt. #, etc. 27 Suite 1500, City & State 28 St. Petersburg, Zip 29 33701, Country 30 Pinellas

3. Date Incorporated or Qualified: 07/01/1989  
4. FEI Number: 65-0133859, Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: TUSHINSKI, WILLIAM H., 111 2ND AVE NE, SUITE 1201, ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent: 81 Name: SCOTT L. HOPES, 82 Street Address (P.O. Box Number is Not Acceptable): 111 2ND AVE NE, 83 Suite 1500, 84 City: St. Petersburg, FL, 85 Zip Code: 33701

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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	HOPES, SCOTT L
STREET ADDRESS	111 2ND AVE NE, STE 1201
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TUSHINSKI, WILLIAM H.
STREET ADDRESS	111 2ND AVE NE SUITE 1201
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CP
1.3 STREET ADDRESS	Suite 1500
1.4 CITY-ST-ZIP	33701
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [Signature]

CR2E034 (10/97)