

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90080 003 \*\*\*\*50.00

**DOCUMENT # L03000007625**

1. Entity Name  
HMS HOLDINGS, L.L.C.



Principal Place of Business  
710 OAKFIELD DRIVE, SUITE 206  
BRANDON, FL 33511

Mailing Address  
710 OAKFIELD DRIVE, SUITE 206  
BRANDON, FL 33511

24008214



2. Principal Place of Business

603 W. Lumsden Rd  
Suite, Apt. #, etc.

3. Mailing Address

603 W. Lumsden Rd  
Suite, Apt. #, etc.

02022004 Chg-LLC CR2E083 (10/03)

City & State

Brandon FL  
Zip 33511 Country

City & State

Brandon FL  
Zip 33511 Country

4. FEI Number

65-1176442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAIDENS, MARK E  
710 OAKFIELD DRIVE, SUITE 206  
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name

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

603 W. Lumsden Rd

City

Brandon

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

2/2/04  
DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MAIDENS, MARK E  
STREET ADDRESS 5508 KEELER OAK ST.  
CITY-ST-ZIP LITHIA, FL 33547 ☐ Delete

TITLE MGRM  
NAME HARRIS, JOHN L  
STREET ADDRESS 3212 W. LAWN AVE.  
CITY-ST-ZIP TAMPA, FL 33611 ☐ Delete

TITLE MGRM  
NAME STOLL, RAY U  
STREET ADDRESS 1027 S. FRANKLAND RD.  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mark E. Maidens

2/2/04  
Date

813 689 5580  
Daytime Phone #