

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 9:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L17738

(0)

1. Corporation Name

HMS SURGICARE, INC.

Principal Place of Business

Mailing Address

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

**C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2976200

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK BLDG
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME MASON, WILLIAM C.
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY - ST - ZIP JACKSONVILLE FL**

**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**TITLE D
NAME COOPER, EDGAR R. PH.D.
STREET ADDRESS 7822 LINKSIDE DRIVE
CITY - ST - ZIP JACKSONVILLE FL**

**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**TITLE DV
NAME PERRY, DENNETH C.
STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 901
CITY - ST - ZIP JACKSONVILLE FL**

**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE ST
NAME GRANGER, HARVEY
STREET ADDRESS 800 PRUDENTIAL DR
CITY - ST - ZIP JACKSONVILLE FL**

**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE D
NAME HUGHES, CHARLES E. JR.
STREET ADDRESS 121 W. FORSYTHE, SUITE 9001
CITY - ST - ZIP JACKSONVILLE FL**

**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE P
NAME PARRETT, DONALD O
STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 901
CITY - ST - ZIP JACKSONVILLE FL**

**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 maker 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, unchanged, or on an attachment with an address.

SIGNATURE:

Rebecca B. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca B. Jackson 4-25-95 904/393-2001

LI 7738

HMS SURGICARE, INC.

AST

Jackson, Rebecca B.

800 Prudential Drive

Jacksonville, FL 32207