SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L17738** **(0)**

1. Corporation Name
HMS SURGICARE, INC.

Principal Place of Business
C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

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

3. Date Incorporated or Qualified: 09/22/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1301 Riverplace Blvd
Suite, Apt. #, etc.
22 Suite 1700
City & State
23 Jacksonville, FL
Zip 24 32207 Country 25 USA

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc.
27 Suite 1700
City & State
28 Jacksonville, FL
Zip 29 32207 Country 30 USA

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK BLDG
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 Zip Code: 32207

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: Harvey Granger — Signature, Typed or Printed Name of Registered Agent and Title, if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE: 7-29-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MASON, WILLIAM C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	COOPER, EDGAR R. PH.D.	
STREET ADDRESS	7822 LINKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	PERRY, DENNETH C.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	GRANGER, HARVEY	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	HUGHES, CHARLES E. JR.	
STREET ADDRESS	121 W. FORSYTHE, SUITE 9001	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	PARRETT, DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Mason, William C.	
1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T	☒ Change ☐ Addition
4.2 NAME	Granger, Harvey	
4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Hughes, Charles E., Jr.	
5.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 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 — DATE: 7-29-96 — Daytime Phone #: 904/202-4001

CR2E034 (3/96)

0002705 CP

HMS SURGICARE, INC.

AS/AT Jackson, Rebecca B. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207