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

2. Principal Place of Business 21 1301 Riverplace Blvd	2a. Mailing Address 26 1301 Riverplace Blvd.	3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 05/01/1995
Suite, Apt. #, etc. 22 Suite 1700	Suite, Apt. #, etc. 27 Suite 1700	4. FEI Number 59-2976200	☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA	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 — 7-29-96
Signature, typed or printed, of individual and title, if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, WILLIAM C. 800 PRUDENTIAL DRIVE JACKSONVILLE FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Mason, William C. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, EDGAR R. PH.D. 7822 LINKSIDE DRIVE JACKSONVILLE FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PERRY, DENNETH C. 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GRANGER, HARVEY 800 PRUDENTIAL DR JACKSONVILLE FL ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S/T Granger, Harvey 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, CHARLES E. JR. 121 W. FORSYTHE, SUITE 9001 JACKSONVILLE FL ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Hughes, Charles E., Jr. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARRETT, DONALD O 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 — Rebecca B. Jackson — 7-29-96 — 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002705 CP

HMS SURGICARE, INC.

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