

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 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 # L17738 (0)

1. Corporation Name  
HMS SURGICARE, INC.



Principal Place of Business  
C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32207  
US

Mailing Address  
C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/22/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2976200	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRANGER, HARVEY G.C. 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207				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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASON, WILLIAM C.			1.2 NAME	Maher, John J.		
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700			1.3 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700		
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, EDGAR R. PH.D.			2.2 NAME			
STREET ADDRESS	7822 LINKSIDE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, DENNETH C.			3.2 NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANGER, HARVEY			4.2 NAME			
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, CHARLES E. JR.			5.2 NAME			
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRETT, DONALD O			6.2 NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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.

Rebecca B. Jackson

4-24-98 904/202-4005

CR2E034 (10/97)