

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90140 049 ***150.00

DOCUMENT # L17738

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

3. Date Incorporated or Qualified

09/22/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **D MAHER, JOHN J** ☐ DELETE
STREET ADDRESS **1301 RIVERPLACE BLVD, STE 1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME **ST GRANGER, HARVEY** ☐ DELETE
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

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

Assistant Secretary

4-23-99

Date

904/202-4005

Daytime Phone #

CR2E034 (1/98)