

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90236 008 \*\*\*150.00

**DOCUMENT # L91705**

1. Entity Name  
HMS PHYSICIAN SERVICES, INC.



Principal Place of Business  
C/O HARVEY GRANGER  
1325 SAN MARCO BLVD., SUITE 902  
JACKSONVILLE, FL 32207 US

Mailing Address  
C/O HARVEY GRANGER  
1325 SAN MARCO BLVD., SUITE 902  
JACKSONVILLE, FL 32207 US

14008644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3022666

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANGER, HARVEY  
1325 SAN MARCO BLVD.  
SUITE 902  
JACKSONVILLE, FL 32207

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT ☐ Delete  
NAME DURKIN, CHRISTOPHER  
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME GRANGER, HARVEY  
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME PARRETT, DONALD O  
STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 902  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME THOMPSON, CAROL C  
STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

904-202-5046

Daytime Phone #