File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



FILED

,	ANNUAL REPORT 1998	Sand Se DIVISION	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS 98 APR 29 AM 11: 31			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000684 HMS PARTNERS MIAMI, L.C. 1201 BRICKELL AVENUS					1a. Principal Place of Business Address 1201 BRICKELL AVENUE			
	MIAMI FL 33131	MIAMI FL 33131 3. Date Organized or Qualified 3a. State of Formation						
Suite, Apt. #, etc.		2a. Malling Address Suite, Apt. #, etc.			09/07/1995 FL			Applied For
City & State Zip Country		City & State Zip Count		ry	65-0609758 5. Date of Last Report			Not Applicable
	7. Name and Address of Curren	t Registered Agent		1 0	_03/26/1 Name and Address	997		onal Fee Required
1201 MIAM	OLT, JOHN BRICKELL AVENUE I FL 33131 ant to the provisions of Sections 608.416 red office or registered agent, or both, in the red agent, and accept the obligations.	e State of Florida. Such ch	ange was a	Suite, Apt. #, etc. City bove-named limited uthorized by affirmat	liability company su live vote of a majority	000 #**** FL	5/98-0 188.75 Zip Code ement for the s. I hereby acc	purpose of changing cept the appointment
10, Title	(Registured Agent Accepting Managing Members/Manage		OTE Registered Agent signature required when reinstating) Business Street Address				, State and Zi	
MEM MGR MGR	HMS PARTNERS, LTI	10 WI				T COLUMBUS OH		
*						···		

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: