2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N04000001780

Entity Name: HMSA, INC.

Current Principal Place of Business:

8405 11TH STREET NORTH
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8405 11TH STREET NORTH
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-0782612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, BRADLEY J ESQ.
2639 DR. M.L. KING STREET NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TIGGETT, WAYNE	
Address:	8405 11TH STREET NORTH	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	WOOD, BRADLEY J	
Address:	2639 DR. M.L. KING STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	ADAMSON, RICHARD	
Address:	8405 11TH STREET NORTH	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	DEAL, STEVE	
Address:	8405 11TH STREET NORTH	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	DIXON, BARBARA	
Address:	8405 11TH STREET NORTH	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	DUNPHY, MARY	
Address:	8405 11TH STREET NORTH	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE R. TIGGETT D 01/18/2006

Electronic Signature of Signing Officer or Director — Date