

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46528

(8)

1. Corporation Name

HMS PURCHASING GROUP, INC.

Principal Place of Business

6365 TAFT STREET
HOLLYWOOD FL 33024
US

Mailing Address

6365 TAFT STREET
HOLLYWOOD FL 33024
US

2. Principal Place of Business

21 400 SAWGRASS CORPORATE PKWY

2a. Mailing Address

26 400 SAWGRASS CORPORATE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 SUNRISE, FLORIDA

City & State

28 SUNRISE, FLORIDA

Zip

24 33325

Country

Zip

29 33325

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
05/30/1995

4. FEI Number

65-0304362

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

NAME

STEWART, MEL

STREET ADDRESS

% 6365 TAFT STREET
HOLLYWOOD FL

CITY - ST - ZIP

☒ DELETE

TITLE

DP

NAME

BUCELLATO, CARL

STREET ADDRESS

% 6365 TAFT STREET
HOLLYWOOD FL

CITY - ST - ZIP

☐ DELETE

TITLE

VS

NAME

JONES, MICHAEL F.

STREET ADDRESS

% 6365 TAFT STREET
HOLLYWOOD FL

CITY - ST - ZIP

☐ DELETE

TITLE

VT

NAME

MORRIS, C G

STREET ADDRESS

6365 TAFT ST
HOLLYWOOD FL

CITY - ST - ZIP

☐ DELETE

TITLE

V

NAME

BARON, LAURA

STREET ADDRESS

6365 TAFT ST
HOLLYWOOD FL

CITY - ST - ZIP

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

05/14/96 - 04/13/97
*****61.25 *****61.25

☒ Change ☐ Addition

400 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33325

☒ Change ☐ Addition

VSD
400 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33325

☒ Change ☐ Addition

400 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33325

☐ Change ☐ Addition

17510
400 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

☐ Change ☒ Addition

MS
KAREN CHILDRESS
400 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #