

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N46528

1. Corporation Name
HMS Purchasing Group, Inc.

Principal Place of Business
400 Sawgrass Corporate Pkwy
Sunrise, FL 33325

Mailing Address
P.O. Box 551540
Ft. Laud., FL 33355-1540

2. Principal Place of Business
21 Florida
Suite, Apt. #, etc.
22
City & State
23 Sunrise, FL
Zip Country
24 33325 25 USA

2a. Mailing Address
26 P.O. Box 551540
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip Country
29 33355 30 USA

9. Name and Address of Current Registered Agent

Cynthia J. Starrett
400 Sawgrass Corporate Pkwy
Sunrise, FL 33325

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 *Cynthia J. Starrett*
Signature typed or printed name of registered agent and title if applicable

Cynthia J. Starrett

3/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	[] DELETE
NAME	Kenneth Harthausen	
STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	P	[] DELETE
NAME	Alan Pyles	
STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	ST D	[] DELETE
NAME	Cynthia J. Starrett	
STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	[] DELETE
NAME	Howard L. Wolk	
STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP	Sunrise, FL 33325	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	100002874741-7
13 STREET ADDRESS	-05/13/93-01115-023
14 CITY-ST-ZIP	*****70.00 *****70.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, 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:

Cynthia J. Starrett

Cynthia J. Starrett

3/15/99 (954) 845-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)