

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90135 013 \*\*\*\*61.25

DOCUMENT # N46528

1. Entity Name

HMS PURCHASING GROUP, INC.

Principal Place of Business

Mailing Address

400 SAWGRASS CORPORATE PWY  
SUNRISE FL 33325  
US

P.O. BOX 551540  
FT. LAUDERDALE FL 33355-1540

809638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1625 N.W. 136<sup>th</sup> Ave.  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stk 200

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33323

4. FEI Number

65-0304362

Applied For

Not Applicable

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

STARRETT, CYNTHIA J  
400 SAWGRASS CORPORATE PWY  
SUNRISE FL 33325

Name

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

1625 N.W. 136<sup>th</sup> Ave, Stk. 200

City

Ft. Lauderdale

FL

Zip Code

33323

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.

SIGNATURE

Cynthia J. Starrett

Cynthia J. Starrett

1/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DVP  
NAME HARTHAUSEN, KENNETH ☐ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE P  
NAME PYLES, ALAN ☒ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ST  
NAME STARRETT, CYNTHIA J ☐ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE D  
NAME WOLK, HOWARD ☐ Delete  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS 1625 N.W. 136<sup>th</sup> Ave, Stk. 200 ☒ Change ☐  
CITY-ST-ZIP Ft. Lauderdale FL 33323

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

TITLE  
NAME  
STREET ADDRESS 1625 N.W. 136<sup>th</sup> Ave, Stk. 200 ☒ Change ☐  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE  
NAME  
STREET ADDRESS 1625 N.W. 136<sup>th</sup> Ave, Stk. 200 ☒ Change ☐  
CITY-ST-ZIP Ft. Lauderdale FL 33323

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

954-845-9100