

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070089

Entity Name: HMS OF VERO, INC.

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

2030 SPRING PLACE
VERO BEACH, FL 32963

New Principal Place of Business:

431 NINA ROAD
PALM BAY, FL 32907

Current Mailing Address:

P.O. BOX 8041
VERO BEACH, FL 32963

New Mailing Address:

6001 N. A1A, PMB 8041
INDIAN RIVER SHORES, FL 32963

FEI Number: 65-1124895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FASSNACHT, TRACIE
2030 SPRING PLACE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

FASSNACHT, TRACIE
432 NINA RD
PALM BAY, FL 32907 US

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: TRACIE FASSNACHT

07/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: FASSNACHT, TRACIE
Address: 2030 SPRING PLACE
City-St-Zip: VERO BEACH, FL 32963

Title: V.P. (X) Delete
Name: HOOD, BRIAN
Address: 2030 SPRING PLACE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: FASSNACHT, TRACIE
Address: 431 NINA RD
City-St-Zip: INDIAN RIVER SHORES, FL 32907

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACIE FASSNACHT

PTSD

07/03/2007

Electronic Signature of Signing Officer or Director

Date