

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000121960

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** HEALTH MANAGEMENT SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

4542 W. VILLAGE DRIVE, STE. D  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4542 W. VILLAGE DRIVE, STE. D  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 26-1416666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TINA, DUNSFORD  
201 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602 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: PD  
Name: KHAN, HAIDER A MD  
Address: 4542 W. VILLAGE DRIVE, STE D  
City-St-Zip: TAMPA, FL 33624

Title: ST  
Name: KHAN, SAFIA H  
Address: 4542 W. VILLAGE DRIVE, STE D  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: HAIDER A KHAN, MD

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date