

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -9 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062553 (1)

1. Corporation Name
HEALTH MANAGEMENT SOLUTIONS, INC.



Principal Place of Business

Mailing Address

1430 S.W. 1ST STREET
SUITE 203
MIAMI FL 33135

1430 S.W. 1ST STREET
SUITE 203
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

07/18/1996

4. FEI Number

65-0527887

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, CASSANDRA M
1430 S.W. 1ST STREET
SUITE 203
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

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

200002317612--4

-10/10/97--01083--010

*****8.75 *****8.75

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS RODRIGUEZ, CASSANDRA M
CITY-ST-ZIP 17 S.W. 136 PLACE
MIAMI FL 33184

TITLE ☐ DELETE

NAME V
STREET ADDRESS FARINA-RODRIGUEZ, MAGDA
CITY-ST-ZIP 17 S.W. 136 PLACE
MIAMI FL 33184

TITLE ☐ DELETE

NAME S
STREET ADDRESS ZAFRA, VANESSA
CITY-ST-ZIP 17 S.W. 136 PLACE
MIAMI FL 33184

TITLE ☐ DELETE

NAME 200002317612--4
STREET ADDRESS -10/10/97--01083--013
CITY-ST-ZIP *****85.00 *****85.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
1.3 STREET ADDRESS RODRIGUEZ, Cassandra M
1.4 CITY-ST-ZIP 10217 S.W. 24th St, Apt. 215 A
Miami, FL 33165

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Y
2.3 STREET ADDRESS FARINA-Rodriguez, Magda
2.4 CITY-ST-ZIP 10217 S.W. 24th St. Apt. 215 A
Miami, FL 33165

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S
3.3 STREET ADDRESS ZAFRA, Vanessa
3.4 CITY-ST-ZIP 10217 S.W. 24th St. Apt. 215 A
Miami, FL 33165

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Alejandro A. T
4.3 STREET ADDRESS RODRIGUEZ, Alejandro A.
4.4 CITY-ST-ZIP 10217 S.W. 24th St #215 A
Miami, FL 33165

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 200002317612--4
5.3 STREET ADDRESS -10/10/97--01083--012
5.4 CITY-ST-ZIP *****500.00 *****500.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 200002317612--4
6.3 STREET ADDRESS -10/10/97--01083--011
6.4 CITY-ST-ZIP *****165.00 *****165.00

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (4/97)