

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000062553 (1)**

1. Corporation Name  
**HEALTH MANAGEMENT SOLUTIONS, INC.**



Principal Place of Business <b>1430 S.W. 1ST STREET SUITE 203 MIAMI FL 33135</b>	Mailing Address <b>1430 S.W. 1ST STREET SUITE 203 MIAMI FL 33135</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 801 Madrid St</b> Suite, Apt. #, etc. <b>22 Suite #103</b> City & State <b>23 Coral Gables</b> Zip <b>24 33134</b> Country <b>25 Dade</b>		2a. Mailing Address <b>26 801 Madrid St.</b> Suite, Apt. #, etc. <b>27 Suite #103</b> City & State <b>28 Coral Gables</b> Zip <b>29 33134</b> Country <b>30 Dade</b>		3. Date Incorporated or Qualified <b>09/08/1993</b>	4. FEI Number <b>65-0527887</b> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, CASSANDRA M 1430 S.W. 1ST STREET SUITE 203 MIAMI FL 33135</b>		10. Name and Address of New Registered Agent <b>81 Name RODRIGUEZ, CASSANDRA M.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 801 Madrid St. Ste. #103</b> <b>83</b> <b>84 City Coral Gables FL 85 Zip Code 33134</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RODRIGUEZ, CASSANDRA M	1.2 NAME	
STREET ADDRESS	10217 SW 24TH ST., APT 215-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	RODRIGUEZ, MAGDA F	2.2 NAME	
STREET ADDRESS	10217 SW 24TH ST., APT 215-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	GOMEZ, GISELL DR	3.2 NAME	Gomez, Gisell, Dr.
STREET ADDRESS	1430 S.W. 1ST STREET	3.3 STREET ADDRESS	8500 W. Flagler St #102
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	MIAMI, FL. 33144
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 4/28/98

CR2E034 (10/97)