

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000062553 (1)
 1. Corporation Name
HEALTH MANAGEMENT SOLUTIONS, INC.



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

2. Principal Place of Business 21 801 Madrid St Suite, Apt. #, etc. 22 Suite #103 City & State 23 Coral Gables Zip 24 33134 Country 25 Dade	2a. Mailing Address 26 801 Madrid St. Suite, Apt. #, etc. 27 Suite #103 City & State 28 Coral Gables Zip 29 33134 Country 30 Dade
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3. Date Incorporated or Qualified 09/08/1993	4. FEI Number 65-0527887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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 RODRIGUEZ, CASSANDRA M 1430 S.W. 1ST STREET SUITE 203 MIAMI FL 33135	10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, Cassandra M. 82 Street Address (P.O. Box Number is Not Acceptable) 801 Madrid St. Ste. #103 83 84 City Coral Gables FL 85 Zip Code 33134
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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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	RODRIGUEZ, CASSANDRA M	
STREET ADDRESS	10217 SW 24TH ST., APT 215-A	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	V	<input type="checkbox"/>
NAME	RODRIGUEZ, MAGDA F	
STREET ADDRESS	10217 SW 24TH ST., APT 215-A	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	S	<input type="checkbox"/>
NAME	GOMEZ, GRISELL DR	
STREET ADDRESS	1430 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Gomez, Grisell, Dr.		
3.3 STREET ADDRESS	8500 W. Flagler St #102		
3.4 CITY-ST-ZIP	MIAMI, FL. 33144		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 _____ DATE **4/28/98**

CR2E034 (10/97)