DOCUMENT # P93000074278 1. Entity Name HMS II INC.					May 18, 2001 8:00 am Secretary of State 05-18-2001 90007 004 ***150.00		
Principal Place of Business 1301 N FEDERAL HWY LAKE WORTH FL 33460 US		Mailing Address 1301 N FEDERAL HWY LAKE WORTH FL 33460 US			, V 1	a	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE	
City & State		City & State		4.	FEI Number 65-0445909	<u> </u>	pplied For ot Applicable
Zíp	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registere		
SCULLY, HELENE M 1301 N FEDERAL HWY LAKE WORTH FL 33460			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			FEE IS \$150.00 Fee will be \$550.00 to Department of	00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be
11.	OFFICERS AND D	RECTORS	12.	AD	1 DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULLY, HELENE 1301 N FEDERAL HWY LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

2001 UNIFORM BUSINESS REPORT (UBR)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition