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Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000047989 (5)

1. Corporation Name
HMS OF LAKELAND, INC.

Principal Place of Business	Mailing Address
5426 HARBOR DRIVE EAST LAKELAND FL 33809	5426 HARBOR DRIVE EAST LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 CARPENTERS WAY	2a. Mailing Address 26 PO BOX 93516	3. Date Incorporated or Qualified 06/09/1995	
Suite, Apt. #, etc. 22 APT A114	Suite, Apt. #, etc. 27	4. FEI Number 59-3332511	☐ Applied For ☐ Not Applicable
City & State 23 LAKELAND, FL	City & State 28 LAKELAND, FL	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 33809 / 25 USA	Zip / Country 29 33804 / 30 USA	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON, ESQUIRE, JON H 4927 SOUTHFORK DRIVE LAKELAND FL 33813	81 Name JOSEPH A. PEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 5426 HARBOR DRIVE EAST 83 84 City LAKELAND FL 85 Zip Code 33809

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 JOSEPH A. PEREZ — Joseph A. Perez — 1/14/98
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, JOSEPH A 5426 HARBOR DRIVE EAST LAKELAND FL 33809	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMPSON, JOHN 1311 HAMMOCK SHADE DRIVE LAKELAND FL 33801	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: John A. Thompson — 1/14/98 — 941 816 8011