FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:04

DOCUMENT # S76209 (3)

1. Corporation Name
HMS SEMINOLE, INC.

Principal Place of Business	Mailing Address
~~13211 WHISPERING PALMS PLACE #501~~ ~~LARGO FL 34644~~ US	PO BOX 505 INDIAN ROCKS BCH FL 34635 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1707 B BELLEAIR FOREST DR	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLEARWATER	City & State 28
Zip / Country 24 34616 / 25 PINELLAS	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/28/1991	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3080230	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WISE, HAL J.
~~13211 WHISPERING PALMS PLACE #501~~
~~LARGO FL 34644~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1707 B BELLEAIR FOREST DRIVE
83
84 City: CLEARWATER FL 85 Zip Code: 34616

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	WISE, HAL J.	1.2 NAME	
STREET ADDRESS	13211 WHISPERING PALMS PLACE #501	1.3 STREET ADDRESS	1707 B BELLEAIR FOREST DRIVE
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	WISE, MICHAEL M.	2.2 NAME	
STREET ADDRESS	13211 WHISPERING PALMS PLACE #501	2.3 STREET ADDRESS	7501 ULMERTON DRIVE #312
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	LARGO FL 34641
TITLE	ST	3.1 TITLE	☑ Change ☐ Addition
NAME	WISE, STEVEN C.	3.2 NAME	
STREET ADDRESS	13211 WHISPERING PALMS PLACE #501	3.3 STREET ADDRESS	11 EAST EDGEWATER DRIVE #8
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	CORAL GABLES FL 33133
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Hal J. Wise PRESIDENT 2-14-95 813 584 8804
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — (Daytime Phone #)
HAL J. WISE

0450421 FP