

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000032520

**Entity Name:** HMS HEALTHCARE MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1424 SE 12TH STREET  
UNIT 3B  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1424 SE 12TH STREET  
UNIT 3B  
FORT LAUDERDALE, FL 33316 US

**FEI Number: 06-1406890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLUZZO, DONNA  
1424 SE 12TH STREET  
UNIT 3B  
FORT LAUDERDALE, FL 33316 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            GALLUZZO, DONNA  
Address        1424 SE 12TH STREET  
                  UNIT 3B  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONNA GALLUZZO**

**PRESIDENT**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date