

No. C 203270		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTH MANAGEMENT SYSTEMS, INC. 5615 HIGH POINT DRIVE IRVING TX 75038		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	WILLIAM C. LUCIA	5615 HIGH POINT DRIVE	IRVING	TX	USA	75038	
SECRETARY	MEREDITH W. BJORCK	5615 HIGH POINT DRIVE	IRVING	TX	USA	75038	
TREASURER	JEFFREY S. SHERMAN	5615 HIGH POINT DRIVE	IRVING	TX	USA	75038	
DIRECTOR	JEFFREY S. SHERMAN	5615 HIGH POINT DRIVE	IRVING	TX	USA	75038	
DIRECTOR	WILLIAM C. LUCIA	5615 HIGH POINT DRIVE	IRVING	TX	USA	75038	
5. Organized Under the Laws of: NY C 203270		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 07/09/2018 Title: POA					
Processed 07/09/2018		* Electronically provided signatures are accepted as original signatures.					