

No. <b>C 168564</b>		Due no later than Aug 31, 2008 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HEALTH MANAGEMENT SYSTEMS, INC. STEVE GAROFALO 401 PARK AVE S NEW YORK NY 10016		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702		
				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
DIRECTOR	WALTER D HOSP	401 PARK AVENUE SOUTH	NEW YORK	NY	USA	10016
DIRECTOR	ROBERT M HOLSTER	401 PARK AVENUE SOUTH	NEW YORK	NY	USA	10016
TREASURER	WALTER D HOSP	401 PARK AVENUE SOUTH	NEW YORK	NY	USA	10016
SECRETARY	WALTER D HOSP	401 PARK AVENUE SOUTH	NEW YORK	NY	USA	10016
PRESIDENT	WILLIAM C LUCIA	401 PARK AVENUE SOUTH	NEW YORK	NY	USA	10016
5. Organized Under the Laws of:  <b>NY C 168564</b>		6. Annual Report must be signed.* Signature: Walter D Hosp Name (type or print): Walter D Hosp Date: 09/29/2008 Title: Secretary				
Processed 09/29/2008		* Electronically provided signatures are accepted as original signatures.				