

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 196436

Entity Name: JEMISON, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

35 UNION AVENUE
SUITE 200
MEMPHIS, TN 38103

New Principal Place of Business:

Current Mailing Address:

35 UNION AVENUE
SUITE 200
MEMPHIS, TN 38103

New Mailing Address:

FEI Number: 58-0662440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOHNSON, MICHAEL
Address: 35 UNION AVENUE, SUITE 200
City-St-Zip: MEMPHIS, TN 38103

Title: S () Delete
Name: PERKINS, SANDRA L
Address: 35 UNION AVE SUITE 200
City-St-Zip: MEMPHIS, TN 38103

Title: PDE () Delete
Name: JEMISON, FRANK Z JR
Address: 35 UNION AVE SUITE 200
City-St-Zip: MEMPHIS, TN 38103

Title: D () Delete
Name: RHEA, HERBERT
Address: 7075 POPLAR AVENUE, SUITE 335
City-St-Zip: MEMPHIS, TN 38117

Title: D () Delete
Name: HUGHES, JAMES S
Address: 88 BROAD STREET, 2ND FLOOR
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: JEANNE, JEMISON S MD
Address: 290 E. CHERRY CIRCLE
City-St-Zip: MEMPHIS, TN 38117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA L. PERKINS

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03/19/2009

Electronic Signature of Signing Officer or Director

Date