

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004228

FILED
Feb 22, 2012
Secretary of State

Entity Name: PRIMARIS CORPORATION

Current Principal Place of Business:

200 N KEENE STREET
SUITE 101
COLUMBIA, MO 65201

New Principal Place of Business:

Current Mailing Address:

200 N KEENE STREET
SUITE 101
COLUMBIA, MO 65201

New Mailing Address:

FEI Number: 43-1306121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: S
Name: DRYDEN, JEFFREY D DO
Address: 1137 INDEPENDENCE DRIVE
City-St-Zip: WEST PLAINS, MO 65775 US

Title: IPC
Name: ROGERS, JAMES T MD FACP
Address: 2115 S. FREMONT AVENUE #2300
City-St-Zip: SPRINGFIELD, MO 65804 US

Title: EO
Name: SCHULTZ, TIMOTHY J
Address: 200 N KEENE STREET, SUITE 101
City-St-Zip: COLUMBIA, MO 65201 US

Title: CE
Name: WILLIAMS, BRUCE DO
Address: 1087 SOUTH SHORE DRIVE
City-St-Zip: LAKE WAUKOMIS, MO 64151 US

Title: BC
Name: JOHNSON, LENT C MD
Address: 100 MEDICAL DRIVE
City-St-Zip: HANNIBAL, MO 63401 US

Title: T
Name: JERRY, KENNETT D MD
Address: 1605 E BROADWAY, SUITE 300
City-St-Zip: COLUMBIA, MO 65201 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J SCHULTZ

CFO

02/22/2012

Electronic Signature of Signing Officer or Director

Date