2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State DOCUMENT # N99000006105 05-02-2007 90327 001 ***122.50 FLORIDA TISSUE SERVICES, INC. 66012723 Principal Place of Business Mailing Address 162 W BURGESS ROAD 162 W BURGESS ROAD PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEi Number 59-3605624 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANGHAM, DARICE Street Address (P.O. Box Number is Not Acceptable) 162 W BURGESS ROAD PENSACOLA, FL 32503 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DIRECTOR ☐ Addition MILE TITLE XI Change Delete NAME LANGHAM, DARICE NAME STREET ADDRESS 162 W BURGESS ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP ☐ Change ☐ Addition X Delete TITLE TITLE THOMPSON, RANDALL M.D. 3221 COPPER RIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP X Delete TITI F ☐ Change ☐ Addition TITLE STRICKLAND, PATRICIA MS NAME STREET ADDRESS 101 W GARDEN STREET STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP CITY-ST-ZIP DR Change Addition TITLE X Delete TITLE NAME LEVINE, PHILIP J DDS,MS NAME STREET ADDRESS 6202 NORTH NINTH AVE. SUITE 1-B STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP CEO - CHAIRMAN Change X Addition TITLE TITE F □ Delete RONY THOMAS NAME NAME 1864 CONCERT DRIVE STREET ADDRESS STREET ADDRESS VIRGINIA BEACH, VA 23453 CITY-ST-ZIP CITY-ST-ZIP SECRETARY ☐ Change X Addition TITLE ☐ Delete TITLE GORDON BERKSTRESSER NAME 1864 CONCERT DRIVE STREET ADDRESS STREET ADDRESS VIRGINIA BEACH, VA 23453 CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.—

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

4-22-07

Daytime Phone #

DOCUMENT # N9900006105 1. Entity Name FLORIDA TISSUE SERVICES, INC.								i naiĒli	1 1	
Principal Place of Business 162 W BURGESS ROAD PENSACOLA, FL 32503 Mailing Address 162 W BURGESS PENSACOLA, FL 32503 PENSACOLA, FL				GESS ROAD		#66012723				
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address			j 199		- an a l)	1161 Et 1981
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			04192007 Cl _J -NP CR2E037 (12/06)				
City & State		Ci	City & State			4. FEI Number Applied For 59-3605624 Not Applicable				
Zip	Coun	try Zi	p 	Country		5. Certificate of Star	tus Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address	ss of New R	egistered Aç	gent	
LANGHAM, DARICE 162 W BURGESS ROAD				Name Street	Address (P.O. Box Number is N	ot Acceptable	9)		
PENSACC	DLA, FL 32503							···	<u>.</u>	
					_			FL	Zip Code	9
	ions of registered ager			egistered office o	or register	ed agent, or both, in th	ne State of Flo		miliar with,	and accept
	Signature, typed or printed nar	TIE of registered agent and title if ap	plicable. (NOTE:	Registered Agent signs	ture required	when reinstating)		OATE		
Filing Fee is \$61.25 Due by May 1, 2007										
			9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		ake check Ida Departr		
10.	Due by May 1, 2		Trust Fund Co			Added to Fees ADDITIONS/CHANGE	Flor	ida Departr	nent of St	ate
10. FITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2	007	Trust Fund Co	ontribution.	DIRECTOR DOUG	Added to Fees ADDITIONS/CHANGE	Flor S TO OFFICE	ida Departr RS AND DIRI	nent of St	ate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2	007	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIRECTORY DOUGLESS 1864 VIRGI DIRECTHON 1864	Added to Fees ADDITIONS/CHANGE CTOR SLAS WILSON CONCERT DRIVI NIA BEACH, VA CTOR MAS BUERSMEY CONCERT DRIVI	Flor S TO OFFICE E 23453 ER E	Ida Departr	nent of St ECTORS IN	10 X Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR