2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092727

Entity Name: STS MANAGEMENT SERVICES OF FLORIDA, INC.

FILED Apr 22, 2009 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|----------------------------------|--|---|---|--------------|--|
| 9455 KOG | ER BLVD. | | | | | |
| STE 200 ST PETER | RSBURG, FL 3 | 33702 US | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 9455 KOG STE 200 ST PETER | ER BLVD. RSBURG, FL 3 | 33702 US | | | | |
| | : 59-3672682 | FEI Number Applied For (|) FEI Number Not App | olicable () Certificate of Status Des | ired () | |
| Name and | Address of C | Current Registered Agen | it: Name and | d Address of New Registered Agent | :: | |
| 9455 KOG SUITE 200 ST. PETEI The above |) RSBURG, FL named entity: | | the purpose of changing | its registered office or registered ager | nt, or both, | |
| | e of Florida. | | | | | |
| SIGNATU | | | | | | |
| | Electror | nic Signature of Registered | d Agent | Date | | |
| Election Car | mpaign Financing | ng Trust Fund Contribution (). | • | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | LETTELLEIR, N 9455 KOGER E |) Delete MARK P BLVD., STE 200 URG, FL 33702 US | Title: Name: Address: City-St-Zip: | PRES (X) Change () Addition SELTZER, MARJORIE 9455 KOGER BLVD., STE 200 ST. PETERSBURG, FL 33702 US | | |
| Title: Name: Address: City-St-Zip: | RICE, JACK S 9455 KOGER E |) Delete SR BLVD., STE 200 URG, FL 33702 US | Title: Name: Address: City-St-Zip: | CEO (X) Change () Addition LETTELLEIR, MARK P 9455 KOGER BLVD., STE 200 ST. PETERSBURG, FL 33702 US | | |
| Title: Name: Address: City-St-Zip: | RICE, JACK S 9455 KOGER E |) Delete JR BLVD., STE 200 URG, FL 33702 US | Title: Name: Address: City-St-Zip: | ()Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | RAZOOK, FRE 9455 KOGER E |) Delete ED S BLVD., STE 200 URG, FL 33702 US | Title: Name: Address: City-St-Zip: | () Change () Addition | | |

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: MARJORIE SELTZER PRES 04/22/2009