

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050207

Entity Name: MANUMIT OF FLORIDA, INC.

FILED  
Apr 05, 2011  
Secretary of State

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**New Principal Place of Business:**

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**New Mailing Address:**

FEI Number: 58-2065448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD  
Name: WALBRIDGE, KEVIN  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: SEC  
Name: SCHULER, EILEEN B  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: TVPD  
Name: LANG III, EDWARD A  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: VPAS  
Name: BENTER, TIM M  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: DIR  
Name: SERIANNI, CHARLES F  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 US

Title: VPAS  
Name: ELLINGS, CATHARINE D  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date