

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90172 011 ***158.75

DOCUMENT # F02000003957

1. Entity Name
PMSI SOUTHEAST, INC.



Principal Place of Business
**11285 ELKINS ROAD STE. 615
ROSWELL GA 30026**

Mailing Address
**11285 ELKINS ROAD STE. 615
ROSWELL GA 30026**

2. Principal Place of Business
70 Mansell Court
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Roswell, Georgia

City & State

4. FEI Number
75-3001103

Applied For
Not Applicable

Zip Country
30076 USA

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CS** ☐ Delete
NAME **ROBINS, MARIAN A**
STREET ADDRESS **110 WHISTLING SWAN**
CITY-ST-ZIP **DOWNINGTOWN PA 19335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SMITH, GEORGE M**
STREET ADDRESS **8287 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PARRISH, JOYCE E**
STREET ADDRESS **660 WEST BAKER STREET STE. 217**
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **660 W. Baker Street, Suite 307**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Laurence E. Harna**
CITY-ST-ZIP **660 W. Baker Street, Suite 307**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Robert L. Bachman**
CITY-ST-ZIP **19100 Von Karman Ave, Suite 380**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Irvine, CA 92612**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Laurence E. Harna, Treasurer April 11, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)