

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P14000082505

Entity Name: FORESIGHT MANAGEMENT SERVICES GROUP, INC.**Current Principal Place of Business:**1408 WESTSHORE BLVD
SUITE 1000
TAMPA, FL 33607**Current Mailing Address:**1408 WESTSHORE BLVD
SUITE 1000
TAMPA, FL 33607 US**FEI Number:** 47-3330110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIOTT, WILLIAM
1408 WESTSHORE BLVD - STE. 1010
TAMPA, FL 33607 US*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:** WILLIAM ELLIOTT

07/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WINKENBACH, PETER
Address	401 KING RANCH ROAD
City-State-Zip:	SOUTHLAKE TX 76092
Title	S, T
Name	ELLIOTT, WILLIAM
Address	5 BAYSHORE DRIVE
City-State-Zip:	GREENLAND NH 03840
Title	D
Name	TSCHAAR, CONSTANTINO J
Address	241 SUGARBERRY CIRCLE
City-State-Zip:	HOUSTON TX 77024

Title	VP
Name	ELLIOTT, WILLIAM
Address	5 BAYSHORE DRIVE
City-State-Zip:	GREENLAND NH 03840
Title	VP
Name	BELL, BRIAN D
Address	901 MONTEREY BLVD, NE
City-State-Zip:	ST. PETERSBURG FL 33704
Title	D
Name	SCOGGIN, NATHAN K
Address	763 LONG HILL ROAD
City-State-Zip:	GUILFORD CT 06437

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: WILLIAM ELLIOTT

COO

07/08/2017

Electronic Signature of Signing Officer/Director Detail

Date