

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149264

Entity Name: PMSI, LLC**Current Principal Place of Business:**175 KELSEY LANE
TAMPA, FL 33619**Current Mailing Address:**6410 POPLAR AVE., SUITE 800
MEMPHIS, TN 38119 US**FEI Number:** 56-2422696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SECRETARY
Name PETERSON, KAREN ELIZABETH
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title CEO
Name YOUNG, DAVID WAYNE
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title PRESIDENT
Name YOUNG, DAVID WAYNE
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title VP
Name FARMER, DAVID CROWN
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title ASSISTANT SECRETARY
Name BENCIVENGA, JOHN WILLIAM
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY** 05/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name GROSKLAGS, JEFFREY DAVID
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name YOUNG, DAVID WAYNE
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title TREASURER
Name GILL, PETER MARSHALL
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

Title ASSISTANT SECRETARY
Name OBERG, DAVID JOHN
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619