

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003980

**Entity Name:** PRS FLORIDA MANAGEMENT, INC.**Current Principal Place of Business:**1 WEST MAIN STREET, SUITE 303  
MEDFORD, OR 97501**Current Mailing Address:**1 WEST MAIN STREET, SUITE 303  
MEDFORD, OR 97501 US**FEI Number:** 93-1328250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

**Officer/Director Detail :**

Title            TREASURER  
Name            WILSON, DOUG  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            ASSISTANT SECRETARY  
Name            ANDERS, BRUCE  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            VC  
Name            JOHNSON, LYNN  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            DIRECTOR  
Name            KERR, ROBERT  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            SECRETARY  
Name            SPANI, DOUG  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            CHAIRMAN OF THE BOARD  
Name            BOECK, LARRY  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            DIRECTOR  
Name            VACTOR, BILL VAN  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title            DIRECTOR  
Name            MAYERS, BOB  
Address        1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

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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 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:** DOUG SPANI**SECRETARY****04/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FISCHER, CAROL  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name VINYARD, ROY  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name WOOD, TIFF  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name HEYSELL, RAY  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name RENO, JERI  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name CENTER, SUE  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR  
Name CLAASSEN, PAM  
Address 1 WEST MAIN STREET, SUITE 303  
City-State-Zip: MEDFORD OR 97501