

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001093

FILED
Jul 17, 2008
Secretary of State

Entity Name: THE MEDICAL SUPPORT ASSOCIATION, INC.

Current Principal Place of Business:

757 ST CHARLES AVE
STE 302
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

757 ST CHARLES AVE
STE 302
NEW ORLEANS, LA 70130

New Mailing Address:

310 20TH STREET
STE 300
KANSAS CITY, MO 64108

FEI Number: 20-0031279 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PC () Delete
Name: LANDRY, ROBERT B III
Address: 757 ST CHARLES AVE - STE 302
City-St-Zip: NEW ORLEANS, LA 70130

Title: T () Delete
Name: ROANE, DONALD T
Address: 757 ST CHARLES AVE - STE 302
City-St-Zip: NEW ORLEANS, LA 70130

Title: D () Delete
Name: GUREIN, TODD
Address: 757 ST CHARLES AVE - STE 302
City-St-Zip: NEW ORLEANS, LA 70130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: LANDRY, ROBERT B III
Address: 757 ST CHARLES AVE - STE 302
City-St-Zip: NEW ORLEANS, LA 70130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LONG, FIELD
Address: 757 ST CHARLES AVE - STE 302
City-St-Zip: NEW ORLEANS, LA 70130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY MILANOWSKI

LA

07/17/2008

Electronic Signature of Signing Officer or Director

Date