

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001093

FILED  
Jun 11, 2012  
Secretary of State

**Entity Name:** THE MEDICAL SUPPORT ASSOCIATION, INC.

**Current Principal Place of Business:**

24 CATHEDRAL PLACE  
STE 407  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

310 20TH STREET  
STE 300  
KANSAS CITY, MO 64108

**New Mailing Address:**

**FEI Number:** 20-0031279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: C  
Name: LONG, FIELD  
Address: 24 CATHEDRAL PLACE, SUITE 407  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T  
Name: WHITEHOUSE, MICHAEL P  
Address: 24 CATHEDRAL PLACE, SUITE 407  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: BM  
Name: GUREIN, TODD  
Address: 24 CATHEDRAL PLACE, SUITE 407  
City-St-Zip: 32084, FL 70130

Title: S  
Name: YERGER, GEORGE  
Address: 24 CATHEDRAL PLACE, SUITE 407  
City-St-Zip: ST. AUGUSTINE, FL 70130

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY MILANOWSKI

LA

06/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date