2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005213

Entity Name: ANCILLARY MANAGEMENT SOLUTIONS, INC

FILED Apr 25, 2011 Secretary of State

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Current Principal Place of Business:	New Principal Place of Business:
4345 SOUTHPOINT BLVD. JACKSONVILLE, FL 32216	
Current Mailing Address:	New Mailing Address:
4345 SOUTHPOINT BLVD. JACKSONVILLE, FL 32216	
FEI Number: 62-1833333 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ag	gent Date
OFFICERS AND DIRECTORS:	
Title: P	

Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

 Name:
 BRONSON, DAVID

 Address:
 4345 SOUTHPOINT BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: VP&T

Name: KLARNER, DAVID
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: [

Name: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title:

Name: BEHRENDS, ANDREW
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S

Name: DERIENZIS, JOSHUA
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID D. KLARNER VP 04/25/2011