

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001853

FILED
Apr 13, 2010
Secretary of State

Entity Name: TMS - SUPPORT PLUS MEDICAL, INC

Current Principal Place of Business:

904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925

New Principal Place of Business:

Current Mailing Address:

904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925

New Mailing Address:

FEI Number: 20-1297827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDFELD, RICK CFO,VP
904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: TROWBRIDGE, WARREN K
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST. LUCIE, FL 34925 US

Title: S,VP
Name: THIBOULT, MARY JO
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST. LUCIE, FL 34925 US

Title: CFO
Name: FRIEDFELD, RICK
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST LUCIE, FL 34925

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: WARREN K TROWBRIDGE

PCEO

04/13/2010

Electronic Signature of Signing Officer or Director

Date