## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F08000003864

Entity Name: PMSI HOLDINGS CORPORATION

FILED Oct 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1001 BRICKELL BAY DR 27TH FLOOR MIAMI, FL 33131				175 KELSEY LANE TAMPA, FL 33619			
Current Mailing Address:				New Mailing Address:			
1001 BRICKELL BAY DR 27TH FLOOR MIAMI, FL 33131				175 KELSEY LANE TAMPA, FL 33619			
FEI Number: 26-3148744 FEI Number Applied For ( )			FEI Nun	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	Surrent Registered Agent:		Name and	Address o	f New Reg	gistered Agent:
1200 SOUTPLANTATION  The above		ND ROAD	ırpose o	f changing it	ts registered	d office or	registered agent, or both,
in the State							
SIGNATUR	RE: BARBAR	A A. BURKE iic Signature of Registered Agen	<u></u>				Date
Election Can		Trust Fund Contribution ( ).	IL				Date
		,					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	WOLFSON, RO	L BAY DR 27TH FLOOR		Title: Name: Address: City-St-Zip:	CEOD AUEN, EILEI 175 KELSEY TAMPA, FL	EN LANE	( ) Addition
Title: Name: Address: City-St-Zip:	ROSEN, RICK	Delete L BAY DR 27TH FLOOR 31		Title: Name: Address: City-St-Zip:	CFO PALMER, ST 175 KELSEY TAMPA, FL	EVE LANE	( ) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SVP BENCIVENG 175 KELSEY TAMPA, FL	A, JOHN LANE	(X) Addition
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	TVPD HORVILLEU 175 KELSEY TAMPA, FL	R, CAMILO LANE	(X) Addition
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	DVP ROSEN, RIC 175 KELSEY TAMPA, FL	K LANE	(X) Addition
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	ASVP WOLFSON, 175 KELSEY TAMPA, FL	RÓB LANE	(X) Addition

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

SIGNATURE: JOHN BENCIVENGA S/VP 10/29/2009