

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004228

FILED  
Feb 07, 2011  
Secretary of State

Entity Name: PRIMARIS CORPORATION

## Current Principal Place of Business:

200 N KEENE STREET  
COLUMBIA, MO 65201

## New Principal Place of Business:

200 N KEENE STREET  
SUITE 101  
COLUMBIA, MO 65201

## Current Mailing Address:

200 N KEENE STREET  
COLUMBIA, MO 65201

## New Mailing Address:

200 N KEENE STREET  
SUITE 101  
COLUMBIA, MO 65201

FEI Number: 43-1306121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: D  
Name: ROSS, KENNETH E DO  
Address: #4 PONDER EXECUTIVE PLAZA  
City-St-Zip: HOUSE SPRINGS, MO 63051

Title: D  
Name: ROGERS, JAMES T MD FACP  
Address: 2115 S. FREMONT AVENUE #2300  
City-St-Zip: SPRINGFIELD, MO 65804

Title: D  
Name: SCHULTZ, TIMOTHY J  
Address: 200 N KEENE STREET, SUITE 101  
City-St-Zip: COLUMBIA, MO 65201

Title: S  
Name: WILLIAMS, BRUCE  
Address: 1087 SOUTH SHORE DRIVE  
City-St-Zip: LAKE WAUKOMIS, MO 64151

Title: T  
Name: JOHNSON, LENT C  
Address: 100 MEDICAL DRIVE  
City-St-Zip: HANNIBAL, MO 63401

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: TIMOTHY J SCHULTZ

D

02/07/2011

Electronic Signature of Signing Officer or Director

Date