2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State DOCUMENT # N06000011640 05-02-2007 90327 001 ***122.50 FTS FOUNDATION, INC. Principal Place of Business Mailing Address 162 W. BURGESS RD. 162 W. BURGESS RD. 66012722 PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E037 (12/06) Chg-NP City & State City & State Applied For FEI Numbe Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGHAM, DARICE Street Address (P.O. Box Number is Not Acceptable) 162 W. BURGESS RD PENSACOLA, FL 32503 Çity Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Defete CEO - CHAIRMAN X Addition TITLE TITLE ☐ Change RONY THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 1864 CONCERT DRIVE CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH, VA 23453 TITLE ☐ Delete TITLE SECRETARY Change X Addition GORDON BERKSTRESSER NAME STREET ADDRESS STREET ADDRESS 1864 CONCERT DRIVE VIRGINIA BEACH, VA 23453 CITY-ST-ZIF CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITLE ☐ Change **X** Addition DARICE LANHAM NAME 162 W BURGESS RD STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **SECRETARY** ☐ Change (X) Addition **GORDON BERKSTRESSER** NAME NAME 1864 CONCERT DRIVE STREET ADDRESS STREET ADDRESS VIRGINIA BEACH, VA 23453 CITY-ST-ZIP CITY-ST-ZIF DIRECTOR TITLE ☐ Delete ☐ Change Addition JOHN M. HERRE, MD NAME 100 KINGSLEY LANE #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORFOLK, VA 23505 DIRECTOR ☐ Delete ☐ Change **Addition** TITLE GERALD M. BOWERS, DDS NAME NAME 829 DE FRANCEAUX HARBOR STREET ADDRESS STREET ADDRESS PASADENA, MD 21122 CITY-ST-ZIP

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

4.22.07

Daytime Phone #

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000096105 1. Entity Name FLORIDA TISSUE SERVICES, INC.								ATTACHMENT			
Principal Place of Business 162 W BURGESS ROAD PENSACOLA, FL 32503			Mailing Address 162 W BURGESS ROAD PENSACOLA, FL 32503			*66012722					
2. Principal Pi	ace of Busin	ness - No P.O. Box #	3. Mailing Address			in in					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04192007 _C	hg-NP	CR2E037 (12	/06)		
City & State		City & State				4, FEI Number 59-360562	20-5	759793	Applied For Not Applicable		
Zip	Zip Country		Zip Cou		intry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Reg			Registere	stered Agent Name			7. Name and Add	7. Name and Address of New Registered Agent			
LANGHAM, DARICE 162 W BURGESS ROAD						Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA, FL 32503						City			₽ ∎ Zi	p Code	
8. The above	named entit	y submits this statement f	or the purp	ose of changing its	register	<u> </u>	stered agent, or both, in	the State of Fk	rL		
the obligati	ions of regist	tered agent.									
SIGNATURE _	Signature, typed	for printed name of registered agen	it and fittle if app	ficable. (NOTE	: Registere	d Agent signature requ	uired when reinstating)	·	DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Fina Trust Fund Contribution			· -	\$5.00 May Be Added to Fees				
10.		OFFICERS AND D	IRECTORS		11.	- Inio	ADDITIONS/CHANG	ES TO OFFICE			
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TITLE					GH	-31-215					
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