

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007321

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** PARENT SUPPORT SYSTEMS CORPORATION

**Current Principal Place of Business:**

1300 NW 180 TER  
MIAMI, FL 33169

**New Principal Place of Business:**

1300 NW 180 TER  
MIAMI, FL 33169 US

**Current Mailing Address:**

PO BOX 694216  
MIAMI, FL 33269

**New Mailing Address:**

PO BOX 694216  
MIAMI, FL 33269 US

**FEI Number:** 26-0447765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, MARNIECE  
1300 NW 180 TER.  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

DIXON, MARNIECE  
1300 NW 180 TER  
MIAMI, FL 33169 US

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: MARNIECE DIXON

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIXON, MARNIECE  
Address: 1300 NW 180 TER  
City-St-Zip: MIAMI, FL 33169 US

Title: S  
Name: WOODARD, ANTOINETTE  
Address: 2974 NW 200 TER  
City-St-Zip: MIAMI, FL 33056 US

Title: T  
Name: QUARLES, DAMON  
Address: 3122 NW 50 ST  
City-St-Zip: MIAMI, FL 33142 US

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: MARNIECE DIXON

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date