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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003425

1. Corporation Name

MEDSUPPORT FSF INTERNATIONAL, INC.

Principal Place of Business

3132 TIMBERVIEW DRIVE
DUNEDIN FL 34689

Mailing Address

3132 TIMBERVIEW DRIVE
DUNEDIN FL 34689



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

59-3387685

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARK, FON D
3132 TIMBERVIEW DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME MARK, SUSAN
STREET ADDRESS 3132 TIMBERVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL 34689

TITLE T ☐ DELETE
NAME MARK, FON D
STREET ADDRESS 3132 TIMBERVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL

TITLE EVP ☒ DELETE
NAME ESSER, LYNDA
STREET ADDRESS 3132 TIMBERVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL

TITLE D ☒ DELETE
NAME WATKINS, DEB
STREET ADDRESS 3132 TIMBERVIEW DR.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☐ DELETE
NAME MAHONEY, LINDA
STREET ADDRESS 3132 TIMBERVIEW DRIVE
CITY-ST-ZIP DUNEDIN FL

TITLE D ☐ DELETE
NAME PITTMAN-SMITH, ANGELA
STREET ADDRESS 3132 TIMBERVIEW DR.
CITY-ST-ZIP DUNEDIN FL 34698

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MICHAEL STOFEL ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 3132 TIMBERVIEW DR
1.4 CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE JANET GAITOR ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 3132 TIMBERVIEW DR
2.4 CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE LYNNETTE S. COTTON ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 3132 TIMBERVIEW DR
3.4 CITY-ST-ZIP DUNEDIN FL 34698

4.1 TITLE EVA S ☐ Change ☒ Addition
4.2 NAME PEG PICKIN
4.3 STREET ADDRESS 3132 TIMBERVIEW DR
4.4 CITY-ST-ZIP DUNEDIN FL 34698

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 (927) 781-7910

CR2E037 (1/98)