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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-24-2002 91335 049 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003425

1. Entity Name

MEDSUPPORT FSF INTERNATIONAL

DO NOT WRITE IN THIS SPACE

96424

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3132 TIMBERVIEW DR.	3132 TIMBERVIEW DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: DUNEDIN, FLORIDA	City & State: DUNEDIN, FLORIDA	4. FEI Number: Applied For / ✓ Not Applicable
Zip: 34698 Country: US	Zip: 34698 Country: US	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FON T. MARK

Street Address (P.O. Box Number is Not Acceptable): 3132 TIMBERVIEW DRIVE

City: DUNEDIN FL Zip Code: 34698

Same as previous

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or ~~Amended~~ UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	TITLE	
NAME	RICHARD SCHNEIDER	NAME	
STREET ADDRESS	12289 Scaggsville Rd.	STREET ADDRESS	
CITY-ST-ZIP	Fulton, MD. 20759	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	ANGELA PITTMAN-SMITH	NAME	
STREET ADDRESS	3740 WINDING TRAIL CT.	STREET ADDRESS	
CITY-ST-ZIP	Douglasville, Georgia 30135	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JANET GAITOR	NAME	
STREET ADDRESS	13450 S.E. Hubbard Rd, J123	STREET ADDRESS	
CITY-ST-ZIP	Clackamas, Oregon 97015	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LINDA MAHONEY	NAME	
STREET ADDRESS	430 KENWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, NC. 28540	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BARBARA GILMORE	NAME	
STREET ADDRESS	12461 S. ELLSWORTH ST.	STREET ADDRESS	
CITY-ST-ZIP	Olathe, KS. 66062	CITY-ST-ZIP	
TITLE	T, D	TITLE	
NAME	FON MARK	NAME	
STREET ADDRESS	3132 TIMBERVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-02 206-565-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F Mark Page 2 attached - additional directors

ATTACH # 10960000 34257/ [redacted]

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MEDSUPPORT FSF INT.
Page 2.

TITLE	D'LYNN Cotton (Lynette G. Cotton)	TITLE	
NAME		NAME	
STREET ADDRESS	24222-199th PL SE	STREET ADDRESS	
CITY-ST-ZIP	Maple Valley, WA. 98038	CITY-ST-ZIP	
TITLE	FOUNDER	TITLE	
NAME	SUE MARK	NAME	
STREET ADDRESS	3132 TIMBERVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	CITY-ST-ZIP	