2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P03000154856

Entity Name: TRIAGE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1300 RIVERPLACE BOULEVARD
SUITE 401
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1300 RIVERPLACE BOULEVAD
SUITE 401
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-0816135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: SOUTHERLAND, JAMES W JR
Address: 1300 RIVERPLACE BLVD, STE 401
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D/S (X) Delete
Name: MANNELLA, FRANK A
Address: 1300 RIVERPLACE BLVD, STE 401
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D/T (X) Delete
Name: HAUSMANN, JEFFREY D
Address: 1300 RIVERPLACE BLVD, STE 401
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete
Name: BALANKY, MICHAEL F
Address: 1300 RIVERPLACE BLVD, STE 401
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change ( ) Addition
Name: BALANKY, MICHAEL F
Address: 1300 RIVERPLACE BLVD, STE 401
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. SOUTHERLAND JR. D/P 04/15/2005

Electronic Signature of Signing Officer or Director — Date