2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154856

Address:

City-St-Zip:

Entity Name: TRIAGE MANAGEMENT SERVICES, INC

FILED Apr 18, 2006 Secretary of State

_iicity itai	1101/102141/	NA CEMENT CERTICES, II	1 0.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	RPLACE BOULE	EVARD					
SUITE 401 JACKSON	VILLE, FL 32207	7 US					
Current M	ailing Address:		New Mail	New Mailing Address:			
	300 RIVERPLACE BOULEVAD			1300 RIVERPLACE BOULEVARD			
SUITE 401 JACKSON	VILLE, FL 32207 US			SUITE 401 JACKSONVILLE, FL 32207 US			
FEI Number:	20-0816135	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status Desired	d()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 130 JACKSON The above	VILLE, FL 32202	2 US	purpose of changing	its registered	d office or registered agent, o	or both,	
SIGNATUR		<u> </u>					
		Signature of Registered Ag	ent		Date		
Election Can	npaign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D/P () D SOUTHERLAND, A 1300 RIVERPLAC JACKSONVILLE, I	JAMES W JR E BLVD, STE 401	Title: Name: Address: City-St-Zip:	1300 RIVER	(X) Change () Addition AND, JAMES W JR PLACE BLVD, STE 401 ILLE, FL 32207 US		
Title: Name: Address: City-St-Zip:	D/S () D BALANKY, MICHA 1300 RIVERPLAC JACKSONVILLE, I	EL F E BLVD, STE 401	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	() D	elete	Title: Name:	P RAUSCH, S	()Change(X)Addition TEVE D SR		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JAY SOUTHERLAND D 04/18/2006

1300 RIVERPLACE BLVD, STE 401

JACKSONVILLE, FL 32207 US