

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095377

Entity Name: PMSI SOLUTIONS, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

4613 N. UNIVERSITY DRIVE
SUITE 576
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

4613 N. UNIVERSITY DRIVE
SUITE 576
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

1 OAKWOOD BLVD.
SUITE 265
HOLLYWOOD, FL 33020 US

New Mailing Address:

1 OAKWOOD BLVD.
SUITE 265
HOLLYWOOD, FL 33020 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINER, JANE
4613 N. UNIVERSITY DRIVE
SUITE 576
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

REINER, JANE
1 OAKWOOD BLVD
SUITE 265
HOLLYWOOD, FL 33020 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: JANE REINER

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REINER, JANE
Address: 4613 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D () Delete
Name: POPLACK, ROSLYN
Address: 4613 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: REINER, JANE
Address: 1 OAKWOOD BLVD - SUITE 265
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D (X) Change () Addition
Name: POPLACK, ROSLYN
Address: 1 OAKWOOD BLVD. - SUITE 265
City-St-Zip: HOLLYWOOD, FL 33020 US

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

SIGNATURE: JANE M. REINER

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date