


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 004 ***150.00

DOCUMENT # P93000005581	
1. Entity Name PMSI MSA SERVICES, INC.	

Principal Place of Business 1410 N WESTSHORE BLVD 500 TAMPA, FL 33607 US	Mailing Address 5041 WEST CYPRESS ST., STE. 100 TAMPA, FL 33607 US
---	--

40067873



2. Principal Place of Business - No P.O. Box # 1410 N Westshore Blvd Suite, Apt. #, etc. 500	3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.
---	--

04022007 Chg-P CR2E034 (12/06)

City & State Tampa FL	City & State Chesterbrook PA
Zip 33607	Country USA

4. FEI Number 59-3166848	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

*Please see attached listing

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, JUNE 1410 N WESTSHORE BLVD., STE. 500 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SIMPSON, TOM 1410 N WESTSHORE BLVD., STE. 500 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JACK 609 SOUTH ORLEANS TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RARDON, LARRY 3918 N. HIGHLAND AVE. TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Hitt 4/5/2007 600 727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40067873
#P93000005581

COMPANY	DIRECTORS	OFFICERS
PMSI MSA Services, Inc.	Michael D. DiCandilo Kurt H. Hilzinger R. David Yost	Jack West, COO June E. Simpson, President Michael D. DiCandilo, EVP & CFO Mark Agustin, Vice President J.F. Quinn, Vice President Tim G. Guttman, VP & Corporate Controller John Chou, VP & Secretary Vicki L. Bausinger, Assistant Secretary Daniel T. Hirst, Assistant Secretary

* The mailing address of all Directors/Officers is: 1300 Morris Drive, Suite 100
Chesterbrook, PA 19087-5594