

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P93000019029

1. Entity Name
FMS PENSION SERVICES CORP.



Principal Place of Business
**20660 WEST DIXIE HWY.
NORTH MIAMI BEACH, FL 33180**

Mailing Address
**301 YAMATO ROAD
STE 2100
BOCA RATON, FL 33431 US**



05142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0410783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELIGSOHN, MICHAEL
301 YAATO RD
SUITE 2100
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

**U000000764908
05/31/07-80018-008 158.75**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KLOTZ, JAMES
STREET ADDRESS 20660 W DIXIE HWY
CITY-ST-ZIP N MIAMI BEACH, FL 33180

TITLE VSTD
NAME FEINSILVER, PAUL
STREET ADDRESS 20660 W DIXIE HWY
CITY-ST-ZIP N MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/07

Date

561-388-5284

Daytime Phone #