

2004 FOR PROFIT CORPORATION ANNUAL REPORT


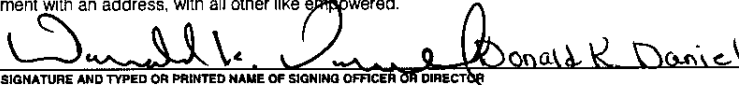
FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90269 001 ***150.00

94062433



04142004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000028516					
1. Entity Name FMSC, INC.					
Principal Place of Business 201 SOUTH BISCAIYNE BOULEVARD 1500 MIAMI CENTER MIAMI, FL 33131			Mailing Address 100 E. VINE ST. STE. 1400 MURFREESBORO, TN 37130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0672461	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, W. ANDREW		NAME	Donald K Daniel	
STREET ADDRESS	100 VINE STREET		STREET ADDRESS	100 Vine Street	
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ROBERT G		NAME	Charlotte A. Swafford	
STREET ADDRESS	100 VINE STREET		STREET ADDRESS	100 Vine Street	
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAROCHE, RICHARD F JR		NAME	Jeffrey R. Smith	
STREET ADDRESS	100 VINE STREET		STREET ADDRESS	100 Vine Street	
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____				Date: 4/14/04 Daytime Phone #: 615-890-2020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					