2004 FOR PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P96000028516 04-23-2004 90269 001 ***150.00 1. Entity Name FMSC, INC. 94062433 Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BOULEVARD 100 E. VINE ST. 1500 MIAMI CENTER STE. 1400 MURFREESBORO, TN 37130 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 65-0672461 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE, FL 32301 City Zip Code Fl 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_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. tresident ☐ Change **Addition** TITLE TITLE Delete Donald K. Daniel ADAMS, W. ANDREW NAME NAME STREET ADDRESS 100 Vine Street STREET ADDRESS 100 VINE STREET MURFREESBORO, TN 37130 CITY-ST-ZIP Murfressbors TN 37130 CITY-ST-ZIP UP & Treasurer Addition (VP ☐ Change TITLE TITLE Delete Charlotte A- Swafford NAME ADAMS, ROBERT G NAME 100 Vine Street STREET ADDRESS 100 VINE STREET STREET ADDRESS CITY-ST-ZIP Murtressborg TN 37130 CITY-ST-ZIP MURFREESBORO, TN 37130 Secretary R. Smith **Q** Delete ☐ Change Addition TITLE Jeffrey P. Smit 100 Vine Street LAROCHE, RICHARD F JR NAME NAME STREET ADDRESS 100 VINE STREET STREET ADDRESS CITY-ST-7IP MURFREESBORO, TN 37130 CITY-ST-ZIP mustresbon ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

615-890-2020

FILED