

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # P96000028516

1. Entity Name  
FMSC, INC.



Principal Place of Business

201 SOUTH BISCAYNE BOULEVARD  
1500 MIAMI CENTER  
MIAMI, FL 33131

Mailing Address

100 E. VINE ST.  
STE. 1400  
MURFREESBORO, TN 37130



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0672461

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DANIEL, DONALD K
STREET ADDRESS	100 VINE ST.
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	VPT
NAME	SWAFFORD, CHARLOTTE A
STREET ADDRESS	100 VINE ST.
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	S
NAME	SMITH, JEFFREY R
STREET ADDRESS	100 VINE ST.
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	
NAME	
STREET ADDRESS	
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

Donald K. Daniel

4-21-08

Date

615-890-2020

Daytime Phone #