1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90098 050 ***150.00

DOCUMENT # P98000081272

1. Corporation Name

PSI #43, INC.				
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				<u> 1811 11 1881 </u>
Principal Place of Business Mailing Address		- 1	() P#(#) (*) #(() #(# ()#(# ()	4818 1181 1581
2000 N. FLORIDA MANGO ROAD 2000 N. FLORIDA MANGO ROAD	D			
SUITE 200 SUITE 200	-			
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401		DO NOT WRITE IN THIS SPACE		
		3. Date ncorporated or Qualifed		
		09/14/1998 4. FEI Number		-lind Co-
2. Principal Place of Business 2a. Mailing Address 2b. Set U.S.		65 086919	——···	died For Applicable
21 20 20		0 3 000 110	\$8.75	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. SV 116-108 SV 116-118		5. Certificate of Status Desired	Fee Re	
City & State City & State		6. Election Campaign Financing	\$5.00	May Bo
23 WEST PALM BETICH FL 28 WEST FRIM	BENCH FL	Trust Fund Contribution	Added to	
	Country	8. This corporation owes the current y	ear Intangible	
24 33:/1/ 25 1 USA: 29 33401 30	7US4	Personal Property Tax.		□No
9. Name and Address of Current Registered Agent		10. Name and Address of New Regis	tered Agent	
ACUTA BATHT I	81 Name			
JONES, BRENT A	82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
220 SOUTH FRANKLIN STREET			<u> </u>	
TAMPA FL 33602	83			
	84 City		85 Zip C	ode
			FL	i
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorities to the control of the c	ne above-named corporation	ration submits this statement for the purp	ose of changing its i appointment as red	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, F orida S	Statutes.	15 board of diffectors. Thereby decept the	appointment do re	,
CIONATINAS				
I SIGNATURE				\
	tered Agent signature recuired		ATE DIDECTO	
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14. 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 annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1) NONTA

501 832 4150