

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000003980

Entity Name: PRS FLORIDA MANAGEMENT, INC.

Current Principal Place of Business:

1 WEST MAIN STREET, SUITE 303
MEDFORD, OR 97501

Current Mailing Address:

1 WEST MAIN STREET, SUITE 303
MEDFORD, OR 97501 US

FEI Number: 93-1328250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WILSON, DOUG
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title SECRETARY
Name SPANI, DOUG
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title ASSISTANT SECRETARY
Name ANDERS, BRUCE
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title CHAIRMAN OF THE BOARD
Name BOECK, LARRY
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title VC
Name JOHNSON, LYNN
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name VACTOR, BILL VAN
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name KERR, ROBERT
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name MAYERS, BOB
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUG SPANI

SECRETARY

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FISCHER, CAROL
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name VINYARD, ROY
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name WOOD, TIFF
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name HEYSELL, RAY
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name RENO, JERI
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name CENTER, SUE
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501

Title DIRECTOR
Name CLAASSEN, PAM
Address 1 WEST MAIN STREET, SUITE 303
City-State-Zip: MEDFORD OR 97501