


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V13148**  
 1. Entity Name  
**PROVIDER HEALTHCARE, INC.**



Principal Place of Business <b>1771 INTERNATIONAL PARKWAY          SUITE 121          RICHARDSON, TX 75081 US</b>	Mailing Address <b>1771 INTERNATIONAL PARKWAY          SUITE 121          RICHARDSON, TX 75081 US</b>
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**DO NOT WRITE IN THIS SPACE**



08272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3108453</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MITCHELL, KELLY 1771 INTERNATIONAL PARKWAY., STE. 121 RICHARDSON, TX 75081
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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 and all other like empowered.

SIGNATURE:  DATE: **8/27/2007** DAYTIME PHONE: **972 479 0844**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR