


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 08:00 AM
Secretary of State

DOCUMENT # V13148 1. Entity Name PROVIDER HEALTHCARE, INC.	
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Principal Place of Business 1771 INTERNATIONAL PARKWAY SUITE 121 RICHARDSON, TX 75081 US	Mailing Address 1771 INTERNATIONAL PARKWAY SUITE 121 RICHARDSON, TX 75081 US
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DO NOT WRITE IN THIS SPACE



08262008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

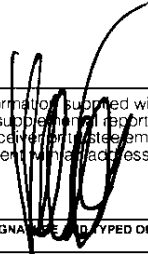
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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400000959117
09/05/08-80003-007 158.75

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 to this address, with all other like empowered.

SIGNATURE:  Kelly Mitchell **972.479.**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8/27/2008** **0844 Ext. 226**
Date Daytime Phone #