

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13148

FILED
Apr 29, 2009
Secretary of State

Entity Name: PROVIDER HEALTHCARE, INC.

Current Principal Place of Business:

1771 INTERNATIONAL PARKWAY
SUITE 121
RICHARDSON, TX 75081 US

New Principal Place of Business:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025 US

Current Mailing Address:

1771 INTERNATIONAL PARKWAY
SUITE 121
RICHARDSON, TX 75081 US

New Mailing Address:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025 US

FEI Number: 59-3108453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MITCHELL, KELLY
Address: 1771 INTERNATIONAL PARKWAY., STE. 121
City-St-Zip: RICHARDSON, TX 75081 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MITCHELL, KELLY
Address: 7240 CHASE OAKS BOULEVARD
City-St-Zip: PLANO, TX 75025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY MITCHELL

PRES

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date