

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13148

FILED
Apr 20, 2011
Secretary of State

Entity Name: PROVIDER HEALTHCARE, INC.

Current Principal Place of Business:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025 US

New Principal Place of Business:

Current Mailing Address:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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: KELLY MITCHELL

PSD

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date