

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13148

Entity Name: PROVIDER HEALTHCARE, INC.

Current Principal Place of Business:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025

Current Mailing Address:

7240 CHASE OAKS BOULEVARD
PLANO, TX 75025 US

FEI Number: 59-3108453

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 PSD
Name MITCHELL, KELLY
Address 7240 CHASE OAKS BOULEVARD
City-State-Zip: PLANO TX 75025

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

PRESIDENT

04/15/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date