

**2016 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**

**MANAGER**

**03/31/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date