

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067462

Entity Name: PROVIDENCE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

8505 NW 74TH STREET
SUITE B
MIAMI, FL 33166

Current Mailing Address:

8505 NW 74TH STREET
SUITE B
MIAMI, FL 33166

FEI Number: 77-0688701

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RADCLIFFE, NERCY B
8505 NW 74 ST
STE B
MIAMI, FL 33166 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 PST
Name RADCLIFFE, NERCY B
Address 8505 NW 74 ST STE B
City-State-Zip: MIAMI FL 33166

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: NERCY RADCLIFFE

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date