

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067462

Entity Name: PROVIDENCE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

10250 SW 56 STREET
SUITE D-103
MIAMI, FL 33165

Current Mailing Address:

10250 SW 56 STREET
SUITE D-103
MIAMI, FL 33165 US

FEI Number: 77-0688701

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RADCLIFFE, NERCY B
10250 SW 56 ST
STE D103
MIAMI, FL 33165 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 10250 SW 56 ST
STE D 103
City-State-Zip: MIAMI FL 33165

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

OFFICER

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date