

**2020 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:** No

**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

**PRESIDENT**

**02/10/2020**

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

\_\_\_\_\_  
Date