

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006743

FILED
Feb 17, 2011
Secretary of State

Entity Name: GUARDIAN HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

4251 MONUMENT RD #104
JACKSONVILLE, FL 33225

New Principal Place of Business:

Current Mailing Address:

4251 MONUMENT RD #104
JACKSONVILLE, FL 33225

New Mailing Address:

FEI Number: 62-1494290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOY
4251 MONUMENT RD #104
JACKSONVILLE, FL 33225 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: OWEN, JOE A
Address: 105 WEST PARK DR., STE 100
City-St-Zip: BRENTWOOD, TN 37027

Title: VCV
Name: OWEN, KAREN
Address: 105 WEST PARK DR., STE 100
City-St-Zip: BRENTWOOD, TN 37027

Title: DS
Name: MCGREGOR, RENAE
Address: 105 WEST PARK DR., STE 100
City-St-Zip: BRENTWOOD, TN 37027

Title: CFO
Name: IRELAND, DON W
Address: 105 WEST PARK DRIVE, SUITE 100
City-St-Zip: BRENTWOOD, TN 37027

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: JOE A OWEN

CP

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date