

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001213

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** PRODIGY HEALTH SUPPLIER CORPORATION

**Current Principal Place of Business:**

9417 BRODIE LANE  
AUSTIN, TX 78748

**New Principal Place of Business:**

**Current Mailing Address:**

9417 BRODIE LANE  
AUSTIN, TX 78748

**New Mailing Address:**

**FEI Number:** 74-3011608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SANDERS, BRYAN  
6708 BENJAMIN RD #300  
TAMPA, FL 33634 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** BLUE, CHARLIE  
**Address:** 3833 HWY 6  
**City-St-Zip:** CLIFTON, TX 76634

**Title:** VCT  
**Name:** FORMBY, C.E.  
**Address:** 4915 CENTRAL AVE  
**City-St-Zip:** HOT SPRINGS, AR 71913

**Title:** DVP  
**Name:** SANDERS, BRYAN  
**Address:** 2617 UNIVERSITY CLUB DR  
**City-St-Zip:** AUSTIN, TX 78732

**Title:** DS  
**Name:** CASSLES, DAVE  
**Address:** 621 NEWPORT DR  
**City-St-Zip:** BRIARCLIFF, TX 78669

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:** BRYAN SANDERS

DVP

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date