

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001213

FILED  
Apr 26, 2011  
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 ( )**

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

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

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

HOUSSIAN, JONATHAN  
6708 BENJAMIN RD #300  
TAMPA, FL 33634 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: JONATHAN HOUSSIAN

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: SANDERS, BRYAN  
Address: 11612 MUSKET RIM ST.  
City-St-Zip: AUSTIN, TX 78738

Title: VCT  
Name: FORMBY, C.E.  
Address: 804 LONG ISLAND DR.  
City-St-Zip: HOT SPRINGS, AR 71913

Title: VPO  
Name: DISHMAN, TY  
Address: 1318 LOST CREEK BLVD.  
City-St-Zip: AUSTIN, TX 78746

Title: VPS  
Name: PATEK, KEITH  
Address: 3609 MALONE DRIVE  
City-St-Zip: AUSTIN, TX 78749

Title: INV.  
Name: BLUE, JAMES  
Address: 3833 HWY 6  
City-St-Zip: CLIFTON, TX 76634

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

CP

04/26/2011

Electronic Signature of Signing Officer or Director

Date