

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001376

FILED
Jan 04, 2011
Secretary of State

Entity Name: PATIENT CONFIDENCE CORPORATION OF AMERICA

Current Principal Place of Business:

860 E SWEDESFORD RD
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

860 E SWEDESFORD RD
WAYNE, PA 19087

New Mailing Address:

FEI Number: 23-3102105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
204 S MONROE STREET
TALLAHASSEE, FL 32301 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: CS
Name: SIEPSE, STEVEN B DR
Address: 528 BRANDYWINE CREEK RD
City-St-Zip: COATESVILLE, PA 19320

Title: CEOD
Name: MILLER, DAVID J
Address: 1451 BRANDYWINE LANE
City-St-Zip: WAYNE, PA 19087

Title: D
Name: PRINGLE, ROBERT
Address: 504 REEDS RD
City-St-Zip: DOWNINGTOWN, PA 19335

Title: CFOD
Name: ROWLAND, DAVID I
Address: 438 VERNON ROAD
City-St-Zip: JENKINTOWN, PA 19046

Title: T
Name: MILLER, DAVID J
Address: 1451 BRANDYWINE LANE
City-St-Zip: WAYNE, PA 19087

Title: D
Name: KRAFF, COLMAN
Address: 25 E. WASHINGTON, SUITE 606
City-St-Zip: CHICAGO, IL 60602

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: DAVID I. ROWLAND

CFO

01/04/2011

Electronic Signature of Signing Officer or Director

Date