2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001376

Entity Name: PATIENT CONFIDENCE CORPORATION OF AMERICA

FILED Mar 22, 2012 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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860 E SWEDESFORD RD 860 E SWEDESFORD RD WAYNE, PA 19087 US

Current Mailing Address: New Mailing Address:

860 E SWEDESFORD RD
WAYNE, PA 19087
860 E SWEDESFORD RD
WAYNE, PA 19087
US

FEI Number: 23-3102105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEENAN, TIMOTHY J 204 S MONROE STREET TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CS

Name: SIEPSER, STEVEN B MD
Address: 528 BRANDYWINE CREEK RD
City-St-Zip: COATESVILLE, PA 19320 US

Title: VCD

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

Title: D

Name: PRINGLE, ROBERT
Address: 504 REEDS RD

City-St-Zip: DOWNINGTOWN, PA 19335 US

Title: [

 Name:
 BOILY, JEFFREY O

 Address:
 233 RAVENSCLIFF

 City-St-Zip:
 ST. DAVIDS, PA 19087 US

Title: CEO

Name: SIEPSER, STEVEN B M.D.
Address: 528 BRANDYWINE CREEK ROAD
City-St-Zip: COATESVILLE, PA 19320 US

Title:

Name: KRAFF, COLMAN

Address: 25 E. WASHINGTON, SUITE 606 City-St-Zip: CHICAGO, IL 60602 US

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: STEVEN B. SIEPSER C 03/22/2012