

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F99000003915

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PROVIDER SERVICES, INC.

**Current Principal Place of Business:**

950 S. PINE ISLAND ROAD  
A-150  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

950 S. PINE ISLAND ROAD  
A-150  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 58-2252970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANNO & DINNERSTEIN, P.A.  
C/O BRYAN MANNO  
950 S. PINE ISLAND ROAD, A-150  
PLANTATION, FL 33324 US

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

MANNO & DINNERSTEIN, P.A.  
4577 NOB HILL ROAD  
210  
SUNRISE, FL 33352 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: ANTHONY CAPULLO

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CAPULLO, ANTHONY J  
Address: 950 S. PINE ISLAND ROAD, SUITE A-150  
City-St-Zip: PLANTATION, FL 33324

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: ANTHONY J CAPULLO

CEO

03/21/2011

Electronic Signature of Signing Officer or Director

Date