

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14392

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** DYNAMIC HEALTH CARE PROVIDERS, INC.

**Current Principal Place of Business:**

4069 NW 16TH STREET  
LAUDERHILL, FL 33319 US

**New Principal Place of Business:**

2454 WEST OAKLAND PARK BLVD  
OAKLAND, FL 33311 US

**Current Mailing Address:**

4980 NW 72 TERR.  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

7449 NW48TH PLACE  
LAUDERHILL, FL 33319 US

**FEI Number:** 59-2560362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BIAS, JAMES E  
4961 NW 72ND TERRACE  
LAUDERHILL, FL 33319 US

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

BIAS, TIFFANYE A  
7449 NW 48TH PLACE  
LAUDERHILL, FL 33319 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: TIFFANYE BIAS

03/16/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: BIAS, TIFFANYE A  
Address: 7449 NW 48TH PLACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: P  
Name: KELLY, SAMUEL E  
Address: 7449 NW 48TH PLACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: B  
Name: BIAS, MICHAELJAMES A  
Address: 7449 NW 48TH PLACE  
City-St-Zip: LAUDERHILL, FL 33319

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: TIFFANYE BIAS

ST

03/16/2010

Electronic Signature of Signing Officer or Director

Date