

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14392

FILED
Apr 28, 2011
Secretary of State

Entity Name: DYNAMIC HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

2454 WEST OAKLAND PARK BLVD
OAKLAND, FL 33311 US

New Principal Place of Business:

2450 WEST OAKLAND PARK BLVD
OAKLAND, FL 33311 US

Current Mailing Address:

7449 NW48TH PLACE
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 59-2560362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

ST

04/28/2011

Electronic Signature of Signing Officer or Director

Date