

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2005
Secretary of State**

DOCUMENT# N03000007411

Entity Name: PROFESSIONAL DISABILITY PROVIDER SERVICES, INC

Current Principal Place of Business:

2121 CORPORATE SQUARE BLVD, SUITE 165
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2121 CORPORATE SQUARE BLVD, SUITE 165
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-0179885 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OKEWUSI, KAYODE O
1023 N LIBERTY STREET
JACKSONVILLE, FL 32206 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: ED () Delete
Name: SHIPMAN, EVELYN
Address: 180 ANNANDALE DR W
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: SHIPMAN, EVELYN
Address: 2121 CORPORATE SQUARE BLVD. #165
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN SHIPMAN

ED

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date