

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007411

FILED  
May 02, 2007  
Secretary of State

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:**

6501 ARLINGTON EXPRESSWAY  
SUITE # 156-B  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

2121 CORPORATE SQUARE BLVD, SUITE 165  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6501 ARLINGTON EXPRESSWAY  
SUITE # 156-B  
JACKSONVILLE, FL 32211

FEI Number: 20-0179885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

EVELYN, SHIPMAN  
2526 HEATHERLY OAKS LN  
JACKSONVILLE, FL 32226      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: EVELYN SHIPMAN

05/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED      (X) Change ( ) Addition  
Name: SHIPMAN, EVELYN  
Address: 6501 ARLINGTON EXPRESSWAY #156-B  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date