

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
Apr 30, 2009  
Secretary of State

DOCUMENT# N03000007411

Entity Name: PROFESSIONAL DISABILITY PROVIDER SERVICES, INC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

EVELYN, SHIPMAN  
2526 HEATHERLY OAKS LN  
JACKSONVILLE, FL 32226      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: 6501 ARLINGTON EXPRESSWAY #156-B  
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date