

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007411

FILED
Apr 30, 2010
Secretary of State

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 (X)**

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
Name: SHIPMAN, EVELYN
Address: 6501 ARLINGTON EXPRESSWAY #156-B
City-St-Zip: JACKSONVILLE, FL 32211

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVELYN SHIPMAN

ED

04/30/2010

Electronic Signature of Signing Officer or Director

Date