

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001867

FILED
Apr 28, 2008
Secretary of State

Entity Name: PATIENT CENTERED HEALTH NETWORK, INC.

Current Principal Place of Business:

201 W. LATIN STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

240 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Mailing Address:

665 STATE ROAD 207
STE 102
ST. AUGUSTINE, FL 32084

FEI Number: 20-0752722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARATHE, S.S. MD
240 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

MARATHE, S.S. MD
665 STATE ROAD 207
STE. 102
ST. AUGUSTINE, FL 32084 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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REUBIN, CARTER B
Address: P.O.BOX 133
City-St-Zip: HASTINGS, FL 32145

Title: V/S () Delete
Name: SHELL, REGAN
Address: P.O.DRAWER 697
City-St-Zip: HASTINGS, FL 32145

Title: T () Delete
Name: THOMAS, CAVE
Address: P.O.BOX 542
City-St-Zip: HASTINGS, FL 32145

Title: ACEO () Delete
Name: MARATHE, SHRIRAM M.D.
Address: 240 SOUTHPARK CIRCLE EAST
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ACEO (X) Change () Addition
Name: MARATHE, SHRIRAM M.D.
Address: 665 STATE ROAD 207 STE 102
City-St-Zip: ST. AUGUSTINE, FL 32084

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: SHRIRAM MARATHE

MD

04/28/2008

Electronic Signature of Signing Officer or Director

Date