2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N04000001867

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:

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

New Mailing Address:

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
665 STATE ROAD 207
STE. 102
ST. AUGUSTINE, FL 32084 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: P ( ) Delete
Name: REUBIN, CARTER B
Address: P.O.BOX 133
City-St-Zip: HASTINGS, FL 32145

Title: V/S (X) 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: 665 STATE ROAD 207 STE 102
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUPONT, JOYCE
Address: P.O.BOX 847
City-St-Zip: HASTINGS, FL 32145

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

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

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: SHRIRAM MARATHE, MD ACEO 04/22/2009

Electronic Signature of Signing Officer or Director — Date