

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001867

FILED
Apr 19, 2010
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:

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:

JOYCE, .DUPONT D
9895 CR 13S
HASTINGS, FL 32145 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: JOYCE DUPONT

04/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DUPONT, JOYCE
Address: P.O.BOX 847
City-St-Zip: HASTINGS, FL 32145

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

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: JOYCE DUPONT

D

04/19/2010

Electronic Signature of Signing Officer or Director

Date