

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002423

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** VETERANS CARE PROVIDERS, INC.

**Current Principal Place of Business:**

301 CLEMATIS ST., SUITE 3000  
W. PALM BCH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

301 CLEMATIS ST., SUITE 3000  
W. PALM BCH, FL 33401

**New Mailing Address:**

**FEI Number:** 26-2241810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES INC.  
17888 67TH CT. NORTH  
LOXAHATCHEE, FL 33470 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:** D  
**Name:** HILES, PETER P  
**Address:** 7684 S. MONACO CIR. EAST  
**City-St-Zip:** CENTENNIAL, CO 80112

**Title:** D  
**Name:** FLANAGAN, JOHN T  
**Address:** 3720 E. KETTLE AVE.  
**City-St-Zip:** CENTENNIAL, CO 80122

**Title:** D  
**Name:** ELLIS, ARTHUR  
**Address:** RR2 BOX 161 A7  
**City-St-Zip:** TEAGUE, TX 75860

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:** PETER P HILES

D

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date