2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003306

FILED Feb 21, 2010 Secretary of State

Entity Name: PROVIDENCE COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2299 ROCK DRIVE 4141 US HWY 27 N KISSIMMEE, FL 34759 SUITE#7

SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

2299 ROCK DRIVE 4141 US HWY. 27 N. KISSIMMEE, FL 34759 SUITE # 7 SEBRING, FL 33870

FEI Number: 26-2329665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EDOUARD, BENITO
2299 ROCK DRIVE
4141 US HWY. 27 N.
KISSIMMEE, FL 34759 US
SUITE#7
SEBRING, FL 33870 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: 02/21/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: EDOUARD, BENITO Address: 4141 US HWY. 27 N. City-St-Zip: SEBRING, FL 33870

Title: V

Name: NOEL, WILLY
Address: 4141 US HWY. 27 N.
City-St-Zip: SEBRING, FL 33870

Title: S

Name: FLEURINOR, JEAN R Address: 4141 US HWY. 27 N. City-St-Zip: SEBRING, FL 33870

Title: AS T

Name: EDOUARD, GEORCINVIL
Address: 725 NORTH EAST 179 TERRACE
City-St-Zip: MIAMI BEACH, FL 33162

 Title:
 AS S

 Name:
 NOEL, IRENE

 Address:
 4141 US HWY, 27 N.

 City-St-Zip:
 SEBRING, FL 33870

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: WILLY NOEL VP 02/21/2010