

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011225

FILED
Apr 30, 2012
Secretary of State

Entity Name: PATIENT ADVOCATE AND PATIENT LIAISON SERVICE NETWORK, INC.

Current Principal Place of Business:

1323 RUSHGROVE CIR
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

1323 RUSHGROVE CIR
DOVER, FL 33527

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOMAN, DEBBERA
1323 RUSHGROVE CIR
DOVER, FL 33527 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
Name: HOLLOMAN, DEBBERA
Address: 1323 RUSHGROVE CIR
City-St-Zip: DOVER, FL 33527 US

Title: VP
Name: WITHALL, VIOLA
Address: 1516 BLUE MARLIN BLVD
City-St-Zip: HOLIDAY, FL 34691

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: VIOLA WITHALL

VP

04/30/2012

Electronic Signature of Signing Officer or Director

Date