

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017293

FILED
Jan 19, 2012
Secretary of State

Entity Name: PROVIDENCE MEDICAL CORPORATION

Current Principal Place of Business:

3350 ULMERTON ROAD
SUITE 16
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

3350 ULMERTON ROAD
SUITE 16
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3626517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVERING, PAMELA A
3350 ULMERTON RD.
SUITE 16
CLEARWATER, FL 33762 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: LEVERING, DAVID R
Address: 3350 ULMERTON RD., SUITE 16
City-St-Zip: CLEARWATER, FL 33762 US

Title: O
Name: LEVERING, PAMELA A
Address: 3350 ULMERTON RD., SUITE 16
City-St-Zip: CLEARWATER, FL 33762 US

Title: O
Name: BARNES, JOSEPH L
Address: 111 SUNSET SPRINGS DRIVE
City-St-Zip: BLOWING ROCK, NC 28605 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. R. LEVERING, JR.

PRES

01/19/2012

Electronic Signature of Signing Officer or Director

Date