

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134369

Entity Name: PATIENTREE, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619

**New Principal Place of Business:**

1215 EAST SIXTH AVENUE  
TAMPA, FL 33605

**Current Mailing Address:**

5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619

**New Mailing Address:**

PO BOX 76069  
TAMPA, FL 33605

FEI Number: 54-2101013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LETZEISEN, ROBERT B  
10845 BARBADOS ISLE DRIVE  
TAMPA, FL 33647 US

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

LETZEISEN, ROBERT B  
1215 EAST SIXTH AVENUE  
TAMPA, FL 33605 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: ROBERT LETZEISEN

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LETZEISEN, ROBERT  
Address: 1215 EAST SIXTH AVENUE  
City-St-Zip: TAMPA, FL 33605

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: ROBERT B LETZEISEN

PTD

01/07/2011

Electronic Signature of Signing Officer or Director

Date