

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059552

FILED  
Feb 10, 2010  
Secretary of State

Entity Name: PROMISE HEALTHCARE, INC.

## Current Principal Place of Business:

999 YAMATO ROAD  
THIRD FLOOR  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

999 YAMATO ROAD  
THIRD FLOOR  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 14-1887953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMSTRONG, DAVID J EVP  
999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: BARONOFF, PETER  
Address: 999 YAMATO ROAD, THIRD FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: TSD  
Name: LEDER, LAWRENCE  
Address: 999 YAMATO ROAD, THIRD FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: D  
Name: DAWSON, MARK  
Address: 999 YAMATO ROAD, THIRD FLOOR  
City-St-Zip: BOCA RATON, FL 33431

Title: COOD  
Name: KOSLOW, HOWARD B  
Address: 999 YAMATO ROAD, THIRD FLOOR  
City-St-Zip: BOCA RATON, FL 33431

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: HOWARD KOSLOW

COOD

02/10/2010

Electronic Signature of Signing Officer or Director

Date