

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000107337

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** PEAK PROVIDER SERVICES, INC.

**Current Principal Place of Business:**

11926 OLD TUSCANY PLACE  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3970  
HOLIDAY, FL 34692 US

**New Mailing Address:**

**FEI Number:** 01-0798793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCINA, JEFFREY S CEO  
11926 OLD TUSCANY PLACE  
NEW PORT RICHEY, FL 34654 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: CEO  
Name: KOCINA, JEFFREY S  
Address: 11926 OLD TUSCANY PLACE  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: JEFFREY S. KOCINA

PRES

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date