

2005 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90074 031 \*\*\*150.00

**DOCUMENT #** P04000Q20122  
**1. Entity Name**  
Patient Healthcare Corporation

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2431 Quantum Blvd.		<b>3. Mailing Address</b> Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Boynton Beach, FL		<b>City &amp; State</b>	
<b>Zip</b> 33426	<b>Country</b> Palm Beach	<b>Zip</b>	<b>Country</b>

**50031170**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 51-0498236		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Judith Hayes	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 10849 Gleneagles Road	
	<b>City</b> Boynton Beach	<b>FL</b> <b>Zip Code</b> 33436

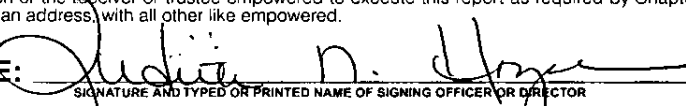
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**  **3/23/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Shelby Hayes 10849 Gleneagles Road Boynton Beach, FL 33436	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Judith Hayes 10849 Gleneagles Road Boynton Beach, FL 33436	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V.P. Tami Nelson 5837 Northpointe Lane Boynton Beach, FL 33437	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V.P. Trent Hays 1330 S.W. 27th Ave. Boynton Beach, FL 33426	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Chad Fredrich 230 Kensington Way Royal Palm, FL 33414	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Matthew Glass 2431 Quantum Blvd. Boynton Beach, FL 33426	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **3/23/05** **561-752-5550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)