

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048214

FILED
Mar 06, 2009
Secretary of State

Entity Name: PROVIDENCE MANAGEMENT CORPORATION OF FLORIDA

Current Principal Place of Business:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4910-D CREEKSIDE DR
CLEARWATER, FL 33760

New Mailing Address:

5524 E. FOURTH STREET
TUCSON, AZ 85711

FEI Number: 20-0991181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: CARD, CHRIS
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760

Title: DTS () Delete
Name: MILLIGAN, LINDA
Address: 4910-D CREEKSIDE DR
City-St-Zip: CLEARWATER, FL 33760

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCCUSKER, FLETCHER
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

Title: PRES (X) Change () Addition
Name: NORRIS, CRAIG
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

Title: S/T () Change (X) Addition
Name: DEITCH, MICHAEL
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAGDA GAXIOLA

AA

03/06/2009

Electronic Signature of Signing Officer or Director

Date