2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

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Entity Name: PCPA COLLECTION SERVICES, INC.

Current Principal Place of Business:

2727 W. MARTIN LUTHER KING, JR. BOULEVARD
SUITE 450
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2727 W. MARTIN LUTHER KING, JR. BOULEVARD
SUITE 450
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-1726889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANEY, R. REID
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 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: PD
Name: CASTELLANO, MYRIAM
Address: 2727 W. MARTIN LUTHER KING JR. BLVD., #450
City-St-Zip: TAMPA, FL 33607 US

Title: D
Name: CASTELLANO, NORMAN J M.D.
Address: 2727 W. MARTIN LUTHER KING JR. BLVD., #450
City-St-Zip: TAMPA, FL 33607 US

Title: D
Name: DIPIETRO, JON G M.D.
Address: 2727 W. MARTIN LUTHER KING JR. BLVD., #450
City-St-Zip: TAMPA, FL 33607 US

Title: D
Name: SAINZ DE LA PENA, MANUEL C M.D.
Address: 2727 W. MARTIN LUTHER KING JR. BLVD., #450
City-St-Zip: TAMPA, FL 33607 US

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: NORMAN J. CASTELLANO, M.D. MD 02/17/2011

Electronic Signature of Signing Officer or Director Date