

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022494

FILED
Mar 07, 2007
Secretary of State

Entity Name: PHS US HOLDCO INC.

Current Principal Place of Business:

117 KEARNEY LAKE ROAD
SUITE 11
HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMACKIN, III, F. JOSEPH
4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES, FL 34103 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: DP () Delete
Name: SQUIRES, W. GLENN
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

Title: DVP () Delete
Name: GOOD, EDWARD
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

Title: DVP () Delete
Name: AQUILINI, ROBERTO
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

Title: DVP () Delete
Name: AQUILINI, FRANCESCO
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

Title: S () Delete
Name: WRIGHT, CHARLES
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

Title: T () Delete
Name: SHERREN, TRACY
Address: 117 KEARNEY LAKE ROAD SUITE 11
City-St-Zip: HALIFAX, NOVA SCOTIA CANADA, XX B3M 4N9 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: S. GLENN SQUIRES

DP

03/07/2007

Electronic Signature of Signing Officer or Director

Date