

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132804

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** PRESTIGE HEALTHCARE RESOURCES, INC.

**Current Principal Place of Business:**

10100 ORLAND PARKWAY  
SUITE 100  
ORLAND PARK, IL 60467

**New Principal Place of Business:**

9421 JOLIET ST.  
SUITE C  
SAINT JOHN, IN 46373

**Current Mailing Address:**

10100 ORLAND PARKWAY  
SUITE 100  
ORLAND PARK, IL 60467

**New Mailing Address:**

9421 JOLIET ST.  
SUITE C  
SAINT JOHN, IN 46373

**FEI Number:** 20-3493880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRA1 SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: VP  
Name: SKERTICH, STEPHEN T.  
Address: 14195 W. 89TH PLACE  
City-St-Zip: SAINT JOHN, IN 46373

Title: P  
Name: SKERTICH, CYNTHIA A.  
Address: 14195 W. 89TH PLACE  
City-St-Zip: SAINT JOHN, IN 46373

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: STEPHEN T. SKERTICH

VP

03/08/2012

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

\_\_\_\_\_  
Date