

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051008

Entity Name: PDS HEALTH, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

112 INTRACOASTAL POINTE DR  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 INTRACOASTAL POINTE DR  
JUPITER, FL 33477 US

**New Mailing Address:**

FEI Number: 26-1766839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYSAGHT, JAMES  
444 MARINER DR  
JUPITER, FL 33477 US

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

LYSAGHT, JAMES  
115 ANDROS HARBOUR PLACE  
JUPITER, FL 33458 US

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

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYSAGHT, JAMES  
Address: 115 ANDROS HARBOUR PLACE  
City-St-Zip: JUPITER, FL 33458

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: JAMES LYSAGHT

PRES

04/20/2011

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

\_\_\_\_\_  
Date