

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068800

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** PATIENT RESOURCES SERVICES INC.

**Current Principal Place of Business:**

11315 N.W. 7TH ST., APT 3  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

11315 N.W. 7TH ST., APT 3  
MIAMI, FL 33172 US

**New Mailing Address:**

11315 N.W. 7TH STREET  
APT 3  
MIAMI, FL 33172 US

**FEI Number:** 26-0389189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, ANABEL  
5115 SW 112 AVENUE  
MIAMI, FL 33165 US

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

MORALES, ANABEL  
11315 N.W 7 STREET  
APT 3  
MIAMI, FL 33172 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

02/09/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORALES, ANABEL  
**Address:** 11315 N.W. 7TH ST., APT 3  
**City-St-Zip:** MIAMI, FL 33172 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:** ANABEL MORALES

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date