

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90161 003 \*\*\*158.75

<b>DOCUMENT # P07000108319</b> 1. Entity Name <b>MARION PROVIDER CARE SERVICES, INC.</b>			
Principal Place of Business <b>10318 PIEDMONT RD. JACKSONVILLE, FL 32218</b>		Mailing Address <b>10318 PIEDMONT RD. JACKSONVILLE, FL 32218</b>	
2. Principal Place of Business - No P.O. Box # <b>1010 East Adams,</b> Suite, Apt. #, etc. <b>105</b>		3. Mailing Address <b>P.O. Box 18341</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jax, FL</b>	
Zip <b>32202</b>		Zip <b>32209</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>04-3605413</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SESSION, ELIZABETH 2331 MYRA ST. JACKSONVILLE, FL 32204</b>		7. Name and Address of New Registered Agent Name <b>Angela Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 East Adams, Ste 105</b> City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Angela D. Anderson</u> <b>30 April 2008</b> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDY, BELLISSIA 10318 PIEDMONT RD. JACKSONVILLE, FL 32218 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SESSION, ELIZABETH 2331 MYRA ST. JAX, FL 32204 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Belissia M. Pandey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/30/08</b> Daytime Phone # <b>(904) 531-5718</b>	