

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000108319

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** MARION PROVIDER CARE SERVICES, INC.

**Current Principal Place of Business:**

1010 E ADAMS  
105  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

POB 18341  
JACKSONVILLE, FL 32229

**New Mailing Address:**

**FEI Number:** 90-0389467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, ANGELA  
1010 E ADAMS STE 105  
JACKSONVILLE, FL 32204 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:** D  
**Name:** PANDY, BELLISSIA  
**Address:** 10318 PIEDMONT RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218

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:** BELLISSIA M PANDY

D

03/08/2010

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

\_\_\_\_\_  
Date