2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# P09000014991

Entity Name: PARTNERS IN HEALTHCARE CORPORATION

Current Principal Place of Business:

815 ORIENTA AVE.
STE 1060
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

815 ORIENTA AVE.
STE 1060
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-4316509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARPENTIER, HENRY A
815 ORIENTA AVE.
SUITE 1060
ALTAMONTE SPRINGS, FL 32701 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: PSD
Name: CHARPENTIER, HENRY A
Address: 404 WESTCHESTER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD
Name: CHARPENTIER, BONNIE S
Address: 404 WESTCHESTER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD
Name: CHARPENTIER, ADAM M
Address: 404 WESTCHESTER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: CHARPENTIER, ANDREW B
Address: 404 WESTCHESTER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: HENRY A. CHARPENTIER CEO 03/15/2012

Electronic Signature of Signing Officer or Director — Date