

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052159

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** PR HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

1070 E. INDIANTOWN RD.  
SUITE 308  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

1070 E. INDIANTOWN RD.  
SUITE 308  
JUPITER, FL 33477 US

**New Mailing Address:**

**FEI Number:** 27-0392148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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: DVPS  
Name: PACI, ROBERT J JR  
Address: 1070 E. INDIANTOWN RD. SUITE 308  
City-St-Zip: JUPITER, FL 33477 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: ROBERT PACI JR. \_\_\_\_\_

DVPS

04/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date