

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057536

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** MARATHON HEALTH CARE SERVICES OF FLORIDA, P.A.

**Current Principal Place of Business:**

C/O SYNIVERSE, 8125 HIGHWOODS PALM WAY  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

354 MOUNTAIN VIEW DRIVE  
SUITE 300  
COLCHESTER, VT 05446 US

**New Mailing Address:**

**FEI Number:** 27-0481224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARRANT, RICHARD  
1083 HILLSBORO MILE  
HILLSBORO, FL 33062 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: P  
Name: FLANAGAN, BEVERLEY RN  
Address: 354 MOUNTAIN VIEW DR STE 300  
City-St-Zip: COLCHESTER, VT 054463 US

Title: S  
Name: LAPLANT, SCOTT  
Address: 354 MOUNTAIN VIEW DRIVE, SUITE 300  
City-St-Zip: COLCHESTER, VT 05446 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: SCOTT LAPLANT

SCTY

04/22/2011

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

\_\_\_\_\_  
Date