

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000040453

Entity Name: PROMINENT CARE INC.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1320 WOODCREST ROAD EAST  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

1320 WOODCREST ROAD EAST  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

PO BOX 18141  
WEST PALM BEACH, FL 33416

FEI Number: 27-2652452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHRISTIE, NATALIE  
1320 WOODCREST ROAD EAST  
WEST PALM BEACH, FL 33417 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: PARKER, ROXAN  
Address: 4810 ORLEANS COURT  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V  
Name: CHRISTIE, NATALIE  
Address: 1320 WOODCREST ROAD EAST  
City-St-Zip: WEST PALM BEACH, FL 33417

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: ROXAN PARKER

P

04/13/2011

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

\_\_\_\_\_  
Date