

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000047073

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** PROVIDENT HEALTH CARE INC.

**Current Principal Place of Business:**

21359 FALLS RIDGE WAY  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

21359 FALLS RIDGE WAY  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: DTR  
Name: RILEY, MICHAEL  
Address: 21359 FALLS RIDGE WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: DTR  
Name: FELDMAN, RACHEL  
Address: 21359 FALLS RIDGE WAY  
City-St-Zip: BOCA RATON, FL 33428

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: RACHEL FELDMAN

MGR

04/27/2012

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

\_\_\_\_\_  
Date