

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000072656

Entity Name: PDC HEALTH CORP

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 45-3026563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

IEZZI, ALAN J  
15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613 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: IEZZI, ALAN J  
Address: 15511 NORTH FLORIDA AVE, SUITE D  
City-St-Zip: TAMPA, FL 33613

Title: VP  
Name: CONNLEY, GEORGE  
Address: 15511 NORTH FLORIDA AVENUE, SUITE D  
City-St-Zip: TAMPA, FL 33613

Title: SC/T  
Name: LUMIA, JAMES  
Address: 15511 NORTH FLORIDA AVENUE, SUITE D  
City-St-Zip: TAMPA, FL 33613

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: ALAN J IEZZI

P

03/05/2012

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

\_\_\_\_\_  
Date