

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075966

FILED
Apr 28, 2011
Secretary of State

Entity Name: THE CENTER FOR PATIENT CARE, INC.

Current Principal Place of Business:

8550 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8550 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3399210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: VST
Name: PHILLIPS, CAMILLE M
Address: 8550 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

Title: VD
Name: PHILLIPS, DANIEL F M.D.
Address: 8550 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

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: CAMILLE PHILLIPS

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date