

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002092 (4)

1. Corporation Name
OAKS PROVIDER, INC.

Principal Place of Business Mailing Address
**320 N. MITCHELL ST.
KISSIMMEE FL 34741-4400**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/04/1992 **05/01/1994**

4. FEI Number Applied For
59-3150726 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **101 PARK PLACE BLVD** 26 **101 PARK PLACE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **SUITE 4** 27 **SUITE 4**
City & State City & State

23 **KISSIMMEE FL** 28 **KISSIMMEE FL**
Zip Zip Country Country

24 **34741** 25 29 **34741** 30

9. Name and Address of Current Registered Agent

**OMBRES, ALEXANDER J
601 N. MAGNOLIA AVE.
SUITE 201
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS**

NAME **SIEMER, MICHAEL A**

STREET ADDRESS **17401 SE COUNTY HWY 475**

CITY-ST-ZIP **SUMMERFIELD FL 32891**

TITLE **D**

NAME **SIEMER, CATHERINE**

STREET ADDRESS **10775 SHALLOW FORD RD.**

CITY-ST-ZIP **ROSWELL GA 30075**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **SUMMERFIELD, FL 34492**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **17401 SE COUNTY HWY 475**

2.4 CITY-ST-ZIP **SUMMERFIELD, FL 34492**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Date: **2/25/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Block #)