

MP

FILING FEE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 26 1997 8:00am
Secretary of State



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

DOCUMENT # P96000095803 (8)

~~1. Corporation Name~~
~~PALMED HEALTH SERVICES, INC.~~

PROVIDER INNOVATIONS, INC.

Principal Place of Business Mailing Address
7150 WEST 20TH AVE. **7150 WEST 20TH AVE.**
SUITE 412 **SUITE 412**
HIALEAH FL 33016 **HIALEAH FL 33016-5550**



2. Principal Place of Business **2a. Mailing Address**
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified **3a. Date of Last Report**
11/25/1996
4. FEI Number Applied For
65-0733705 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution **Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE.
27TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	SAMUEL G. TISCHLER	1.3 STREET ADDRESS	
CITY-ST-ZIP	7150 W 20 AVENUE, SUITE 412	1.4 CITY-ST-ZIP	
	HIALEAH FL 33016	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	CHAIRMAN OF THE BOARD	2.3 STREET ADDRESS	
STREET ADDRESS	NEIL KOREMAN, M.D.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	7100 W 20 AVE, SUITE 107	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HIALEAH FL 33016	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME	SECRETARY OF THE BOARD	3.4 CITY-ST-ZIP	
STREET ADDRESS	MARCOS ZEQUEIRA, M.D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	7100 W 20 AVE, SUITE 806	4.2 NAME	
	HIALEAH FL 33016	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	TREASURER OF THE BOARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PEDRO BERMANN, M.D.	5.2 NAME	
CITY-ST-ZIP	2140 W 68 ST., SUITE 2000	5.3 STREET ADDRESS	
	HIALEAH FL 33016	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE CHAIRMAN OF THE BOARD	6.2 NAME	
STREET ADDRESS	ALVARO I. MARTINEZ, M.D.	6.3 STREET ADDRESS	
CITY-ST-ZIP	7150 W 20 AVE, SUITE 412	6.4 CITY-ST-ZIP	
	HIALEAH FL 33016		
TITLE	<input type="checkbox"/> DELETE		
NAME	VICE CHAIRMAN OF THE BOARD		
STREET ADDRESS	ERIC FERNANDEZ, M.D.		
CITY-ST-ZIP	2140 W 68 ST., Suite 402		
	HIALEAH FL 33016		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated 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; 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 from an appointment with an address.

SIGNATURE: **SAMUEL G. TISCHLER, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

305-362-1986
Daytime Phone # **0001626**

CR2E034 (9/96)