

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000147882

**Entity Name:** PROVIDER II CORPORATION

**Current Principal Place of Business:**

1091 SE 17TH STREET  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1091 SE 17TH ST  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 68-0616655

**Certificate of Status Desired:** No

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

ANDERSEN, THOMAS  
2665 S. BAYSHORE DRIVE  
SUITE 1001  
COCONUT GROVE, FL 33133 US

*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

**Officer/Director Detail :**

Title MGR  
Name ANDERSEN, THOMAS  
Address 2665 S. BAYSHORE DRIVE, STE 1001  
City-State-Zip: COCONUT GROVE FL 33313

*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:** THOMAS ANDERSEN

**PRESIDENT**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date