

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147882

Entity Name: PROVIDER II CORPORATION

Current Principal Place of Business:

429 SEABREEZE BLVD,
SUITE 5
FORT LAUDERDALE, FL 33316

Current Mailing Address:

429 SEABREEZE BLVD,
SUITE 5
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

MGR

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date