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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F74757** (8)

1. Corporation Name

PROVIDER SOLUTIONS, INC.



Principal Place of Business

**4907 S. WESTSHORE BLVD
TAMPA FL 33611
US**

Mailing Address

**2601 HERON LANE
CLEARWATER FL 34622
US**

3. Date Incorporated or Qualified
04/02/1982

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

21 **4905 W. Laurel ST.**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 200**

27

City & State

City & State

23 **TAMPA FL**

28

Zip Country

Zip Country

24 **33607**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, RONALD L
2601 HERON LN NO
CLEARWATER FL 34622**

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 607.0602 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

Ronald P. Miller Ronald L. Miller

4/27/96

Signature typed or printed name of registered agent and block applicable

Signature typed or printed name of registered agent and block applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MILLER, RONALD L
2601 HERON LN NO
CLEARWATER FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILLER, SHEILA L
2601 HERON LN NO
CLEARWATER FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILVAIN, B. MICHAEL
4340 45TH ST. SOUTH
ST. PETERSBURG FL 33711**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
MILVAIN, BRIAN M.
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 119.07(3)(k), 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 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:

Ronald P. Miller Ronald L. Miller

4/27/96

813-513-6047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)