

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

FILED
Oct 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F74757 (8)

1. Corporation Name
PROVIDER 1ST, INC.

Principal Place of Business

4905 W. LAUREL ST.
SUITE 200
TAMPA FL 33607
US

Mailing Address

2601 HERON LANE
CLEARWATER FL 34622
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1982

4. FEI Number

59-2239805

Applied For
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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MILLER, RONALD L
2601 HERON LN NO
CLEARWATER FL 34622

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME MILVAIN, BRIAN M
STREET ADDRESS 4340 45TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Director of Sales
1.3 STREET ADDRESS Behenic, Ronald A
1.4 CITY-ST-ZIP 3061 Branch Drive
Clearwater FL 34622

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Chief Operating
2.3 STREET ADDRESS Fritchie, Charlotte B
2.4 CITY-ST-ZIP 5153 25th Key Blvd.
St. Petersburg FL 33715

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Chief Financial Officer
3.3 STREET ADDRESS Brahmer, Patricia A
3.4 CITY-ST-ZIP 3509 Bayshore Blvd., NE
St. Petersburg FL 33703

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Chief Information
4.3 STREET ADDRESS Officer
4.4 CITY-ST-ZIP 350 Mayfair Circle
Palm Harbor FL 34683

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 000002661080
5.3 STREET ADDRESS -10/12/98--01004--004
5.4 CITY-ST-ZIP ***550.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 000002661080
6.3 STREET ADDRESS -10/12/98--01004--005
6.4 CITY-ST-ZIP ***25.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)