

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90092 006 \*\*\*158.75

DOCUMENT # F74757

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 the current year Intangible  
Personal Property Tax.



Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4905 W LAUREL ST

22 City & State

27 Suite, Apt. #, etc.

27 SUITE 200

23 Zip

Country

28 City & State

28 TAMPA, FL

24 Zip

25 Country

29 Zip

30 Country

33607 USA

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  
CD  
MILLER, RONALD L  
STREET ADDRESS  
2601 HERON LN NO  
CITY-ST-ZIP  
CLEARWATER FL 34622

TITLE ☐ DELETE

NAME  
S  
MILLER, SHEILA L  
STREET ADDRESS  
2601 HERON LN NO  
CITY-ST-ZIP  
CLEARWATER FL 34622

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
D  
BEHANC, RONALD A  
STREET ADDRESS  
3061 BRANCH DRIVE  
CITY-ST-ZIP  
CLEARWATER FL 34620

TITLE ☐ DELETE

NAME  
COO  
FRITCHIE, CHARLOTTE B  
STREET ADDRESS  
5153 ISLA KEY BLVD.  
CITY-ST-ZIP  
ST PETERSBURG FL 33715

TITLE ☐ DELETE

NAME  
CIO  
JAUFMANN, EDWIN  
STREET ADDRESS  
350 MAYFIELD CIRCLE  
CITY-ST-ZIP  
PALM HARBOR FL 34683

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

Ronald L. Miller, Director

4/20/99

727-573-6047

CR2E034 (11/98)