

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90352 050 ***150.00

DOCUMENT # F95000000897

1. Entity Name

PROVIDER BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

3601 W COMMERCIAL BLVD
STE 4 & 5
FT LAUDERDALE FL 33309
US

PO BOX 6573
HIGH POINT NC 27262
US

2. Principal Place of Business

5305 GREENWOOD AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 101

City & State

WEST PALM BEACH FL

City & State

4. FEI Number 58-1972278

Applied For

Not Applicable

Zip

33407

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, MARGARET
3601 W COMMERCIAL BLVD
STE 4 & 5
FT LAUDERDALE FL 33309

Name Jon Brown

Street Address (P.O. Box Number is Not Acceptable)
5305 GREENWOOD AVE

SUITE 101

City WEST PALM BEACH FL

Zip Code 33407

8. 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

Jon T. Brown

4/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HILL, STEPHEN V
STREET ADDRESS 700 WESTCHESTER DRIVE 1208 EASTCHESTER DR
CITY-ST-ZIP HIGH POINT NC 27262 5 Stz 105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME HELMS, TINA H
STREET ADDRESS 700 WESTCHESTER DRIVE 1208 EASTCHESTER DR
CITY-ST-ZIP HIGH POINT NC 27262 5 Stz 105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME WEEKS, JAMES
STREET ADDRESS 700 WESTCHESTER DRIVE 1208 EASTCHESTER DR
CITY-ST-ZIP HIGH POINT NC 27262 5 Stz 105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen V. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 336 884-5996

CR2E034 (10/00)