

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003915

1. Entity Name

PROFESSIONAL PROVIDER SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90099 036 ***150.00

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| Principal Place of Business 9050 PINES BLVD., SUITE 351 PEMBROKE PINES FL 33024 | Mailing Address 9050 PINES BLVD., SUITE 351 PEMBROKE PINES FL 33024-6400 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 58-2252970 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent CERA, MARK 10021 PINES BLVD., SUITE 212 PEMBROKE PINES FL 33024 | | 7. Name and Address of New Registered Agent Name: Cera Mark, Esq. Street Address (P.O. Box Number is Not Acceptable): 9050 Pines Blvd Suite 384 City: Pembroke Pines FL Zip Code: 33024 | |
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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: Mark Cera (NOTE: Registered Agent signature required when reinstating) DATE: 3/14/00

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP CAPULLO, ANTHONY J 9050 PINES BLVD., SUITE 351 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: [Signature] DATE REQUIRED: 3/14/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #