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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G59579

(4)

PREFERRED PROVIDER CARE, INC.

FILED Apr 23 1997 8:00am Secretary of State



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2. Find got Place of Business													
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Salet, Apr 8, r. ft. C. Substitute Salet	ace of Business	ê ~~~	Address								A	oplied For	
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28	22		27					5. Certificate	of Status Des	ired			
Policy P		3	······	ate				6. Election C	ampaign Finar			\$5.00	May Be
28 28 29 30 Florida Statutes Ves No No No No No No No N		Country			Counts								
9. Name and Address of Current Registered Agent GREEN, JACOB. 3728 PHILLIPS HWY, STE. 31 JACKSONVILLE FL 32218 82 Street Address (P.O. Box Number is Not Acceptable) 83		<u> </u> 1	├ ¬	}-		′							i. 199.032,
GREEN, JACOB. 3729 PHILLIPS HWY, STE. 31 JACKSONVILLE FL 32216 83	_24				su]			I					
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SIGNATURE						L	<u> </u>	10.0 D 11					
B3					82	'	Street Addres	ss (P.O. Box Nu	imber is Not A	sceptable	.)		
11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered obles 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 and the provision of the purpose of changing its registered agent and the provision of the purpose and the provision of the purpose and provision was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the provision of the purpose of change is registered agent and the purpose of change is addition. 12. 12. 12. 13. 13. 13. 14. CIVIT-ST-2P 14. THE 14. THE 15. 14. CIVIT-ST-2P 15. 15. 16. 16. 17. 18. 18. 18. 18. 18. 18. 18	U , 101.				83	T					***************************************		
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1.1 Designate to the provisions of Sections 607.0502 and 607.1506. Florida Statutes, the above-named corporation submitted this statement for the purpose of changing its registered oblice or registered agent. I care turns on with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					84	'	City				FL	85 Zip	Code
SIGNATURE	11. Pursuant l	o the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes	the above	6-L	named corpor	ration submits t	his statement f	or the pur	noso of c	changing i	ts registered
SIGNATURE	олювого agent Lac	ag stered agent, or both, in the Sta ri familiar with, and accept the obt	te of Florida. Such c gations of, Section (onange was au 607.0505, Flori	ithorized by ida Statutes	y ti S.	he corporation	in's board of dir	ectors. I hereb	y accept t	the appo	intment as	registered
Squeenergy Squ													
PD				(NOTE	Registered Age	ent :	signature required	when reinstating)			DATE		
NAME STREET ADDRESS 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZP								ADDITIONS	CHANGES TO	OFFICE!			
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	STREET ADDRESS		/		63 STREET	AD	DRESS						
14 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas, Libribas cortify that the	0019 - \$1 - 7e*	A = A	/			*****							***************************************

supplemental annual report is true and accurate and that my signature shall have the same legaletics as if made under oath; that or this receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name or this report as required by Chapter 607. Florida Statutes; and that my name or the statute of th from retery certify that the fine mation is information indicated on the about report ani an officer or director of the corporal appears in Block 12 or Block 12 if chang

SIGNATURE: