FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:17

DOCUMENT # **H39772** **(9)**

1. Corporation Name
PREFERRED HEALTH PROVIDERS, INC.

Principal Place of Business	Mailing Address
7950 N.W. 53RD STREET. SUITE #300 MIAMI FL 33166	7950 N.W. 53RD STREET. SUITE #300 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 3400 Data Drive
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Rancho Cordova, CA 95670
Zip — 24 / Country — 25
Zip — 29 / Country — 30

4. FEI Number: 59-2588741 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JESSEE, DAVID
7950 NW 53RD ST. #300
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83: Plantation, FL 33324
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: Naseem A. Conde — NASEEM A. CONDE, SPECIAL ASST. SECRETARY — DATE: 3.10.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	DCV	☒ Change ☐ Addition
NAME	CEJAS, PAUL L.	12 NAME	Kirk A. Benson	
STREET ADDRESS	7950 NW 53RD ST. #300	13 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	TD	21 TITLE	DT	☒ Change ☐ Addition
NAME	SILVERMAN, BARRY J., M.D	22 NAME	Jeffrey L. Elder	
STREET ADDRESS	7950 NW 53RD ST. #300	23 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	VP	31 TITLE	DP	☒ Change ☐ Addition
NAME	HARVEY, JOANNE	32 NAME	Lawrence D. Kries	
STREET ADDRESS	7950 NW 53 ST. #300	33 STREET ADDRESS	7950 N.W. 53rd St., 3rd Floor	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33166	
TITLE		41 TITLE	S	☒ Change ☐ Addition
NAME		42 NAME	Allen J. Marabito	
STREET ADDRESS		43 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above/on, or on an attachment with an address.

SIGNATURE: Allen Marabito — 916/631-5314
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Allen J. Marabito, Secretary

01082115 CP