

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H39772** (9)
1. Corporation Name
PREFERRED HEALTH PROVIDERS, INC.



Principal Place of Business 7850 N.W. 53RD STREET, SUITE #300 MIAMI FL 33166	Mailing Address 3400 DATA DRIVE RANCHO CORDOVA CA 95670-7856 US
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3. Date Incorporated or Qualified 01/25/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2588741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DCV <input checked="" type="checkbox"/> DELETE
NAME	BENSON, KIRK A
STREET ADDRESS	3400 DATA DRIVE
CITY - ST - ZIP	RANCHO CORDOVA CA
TITLE	DT <input type="checkbox"/> DELETE
NAME	ELDER, JEFFREY L
STREET ADDRESS	3400 DATA DRIVE
CITY - ST - ZIP	RANCHO CORDOVA CA
TITLE	DP <input type="checkbox"/> DELETE
NAME	STEVEN B. GRIFFIN
STREET ADDRESS	7850 N.W. 53RD STREET, THIRD FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MARABITO, ALLEN J
STREET ADDRESS	3400 DATA DRIVE
CITY - ST - ZIP	RANCHO CORDOVA CA
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	LISETTE CURRIER-MARTINEZ
STREET ADDRESS	7850 N.W. 53RD STREET, THIRD FLOOR
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jay M. Gellert
1.3 STREET ADDRESS	21600 Oxnard Street, Suite 170
1.4 CITY - ST - ZIP	Woodland Hills, CA 91367
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: *Jeffrey L. Elder* **Jeffrey L. Elder, Treasurer 4/19/97 (946) 631-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)