

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H39772 (9)
1. Corporation Name
PREFERRED HEALTH PROVIDERS, INC.



Principal Place of Business
7850 N.W. 33RD STREET, SUITE 1300
MIAMI FL 33166
1340 Concord Terrace
Sunrise, FL 33323
Mailing Address
3400 DATA DRIVE
RANCHO CORDOVA CA 95670
Legal Department
1340 Concord Terrace
Sunrise, FL 33323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1340 Concord Terrace
Suite, Apt. #, etc.
22 City & State
23 Sunrise, FL 33323
Zip Country
24 33323 25 US
2a. Mailing Address
26 1340 Concord Terrace
Suite, Apt. #, etc.
27 City & State
28 Sunrise, FL 33323
Zip Country
29 33323 30 US

3. Date Incorporated or Qualified
01/25/1985
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D See Attachment <input checked="" type="checkbox"/> DELETE Correction	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRELERT, JAY M	12 NAME	
STREET ADDRESS	21600 OXNARD STREET, STE. 1700	13 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	14 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, JEFFREY J	22 NAME	
STREET ADDRESS	3400 DATA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	RANCHO CORDOVA CA	24 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE Correction	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN B. GRIFFIN	32 NAME	
STREET ADDRESS	7850 N.W. 33RD STREET, THIRD FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARABITO, ALLEN J	42 NAME	
STREET ADDRESS	3400 DATA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	RANCHO CORDOVA CA	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

CP2E034 (10/97)

Directors and Officers

Preferred Health Providers, Inc.

Directors

Jay M. Gellert
21600 Oxnard Street
Woodland Hills, CA 91367

Steven B. Griffin
7950 N.W. 53rd St., Suite 300
Miami, FL 33166

Officers

Steven B. Griffin
President
7950 N.W. 53rd St., Suite 300
Miami, FL 33166

William R. Whitaker
Secretary
7950 N.W. 53rd St., Suite 300
Miami, FL 33166

Lisette Currier-Martinez
Assistant Secretary
7950 N.W. 53rd St., Suite 300
Miami, FL 33166