

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H84481 (1)**

1. Corporation Name
PREFERRED SOUTHEAST PROVIDERS, INCORPORATED



Principal Place of Business: 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308
Mailing Address: 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 11/07/1985
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-2648410
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

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

9. Name and Address of Current Registered Agent: PENNINGTON, CARL R., JR. 3375-A CAPITAL CIRCLE, N.E. SUITE 800 TALLAHASSEE FL 32308
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 215 S. MONROE STREET 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, J. ORSON M.D.		1.2 NAME	BONNIE C. BAILEY	
STREET ADDRESS	1401 CENTERVILLE RD #400		1.3 STREET ADDRESS	3520 THOMASVILLE ROAD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR, VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, JOHN MD		2.2 NAME	MAUREEN C. WARD	
STREET ADDRESS	806 IVANHOE RD		2.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, SECRETARY, TRUSTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUELLE, JESSE M.D.		3.2 NAME	ARTHUR R. CARLSON	
STREET ADDRESS	1401 CENTERVILLE RD #800		3.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CHARLES L MD		4.2 NAME		
STREET ADDRESS	2414 E. PLAZA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM M.D.		5.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD #705		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEB, AL E		6.2 NAME		
STREET ADDRESS	1626 N. PLAZA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 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)(k), 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.

SIGNATURE: Bonnie C. Bailey Date: 4-29-96 Daytime Phone: 904-668-3000

CR2E034 (12/95)