2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016341

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 3:36

10/07

1. Entity Name

PROVIDERS ALLIANCE NETWORK, L.L.C.

Principal Place of Business	Mailing Address
205 N. PARSONS AVE STE. A BRANDON FL 33510	205 N. PARSONS AVE STE. A BRANDON FL 33510

2. Principal Place of Business: 5504 Gateway Blvd
Suite, Apt. #, etc.
City & State: Wesley Chapel, Fl
Zip: 33543 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75 3080467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A
205 N. PARSONS AVE STE. A
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name: Mikos, Cynthia A
Street Address (P.O. Box Number is Not Acceptable): 2018 E. 4th Ave, Tampa
City: Tampa FL Zip Code: 33605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia Mikos 9/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HASHMI, HASAN FARID 5504 GATEWAY BLVD WESLEY CHAPEL FL 33543	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200023398832 09/29/03--01048--001 **55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KHAN, HAIDER MD 10806 US HIGHWAY 19 STE. 102 PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Executive Officer MGR Sukman Hashmi 5504 Gateway Blvd Wesley Chapel, Fl, 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 9/20/03 813-994-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #