

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                       |                                                                                                                |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L29307</b><br>1. Entity Name<br><b>PAVILION PROVIDER NETWORK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                       |                                                                                                                |                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>C/O HARVEY GRANGER<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                       | Mailing Address<br><b>C/O HARVEY GRANGER<br/>1325 SAN MARCO BLVD., SUITE 902<br/>JACKSONVILLE, FL 32207 US</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | 3. Mailing Address                                                                                                    |                                                                                                                |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | Suite, Apt. #, etc.                                                                                                   |                                                                                                                |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | City & State                                                                                                          |                                                                                                                |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                              | Zip                                                                                                                   | Country                                                                                                        | 4. FEI Number<br><b>59-2993994</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                       |                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                       |                                                                                                                | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>GRANGER, HARVEY ESQ.<br/>1325 SAN MARCO BLVD.<br/>SUITE 902<br/>JACKSONVILLE, FL 32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                       |                                                                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                       |                                                                                                                |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                |                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                          |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DVPT <input type="checkbox"/> Delete |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LUKASZEWSKI, MICHAEL                 |                                                                                                                       | NAME                                                                                                           | 000000750689                                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1325 SAN MARCO BLVD., SUITE 902      |                                                                                                                       | STREET ADDRESS                                                                                                 | 05/18/07-80074-001 150.00                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE, FL 32207               |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S <input type="checkbox"/> Delete    |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GRANGER, HARVEY                      |                                                                                                                       | NAME                                                                                                           |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1325 SAN MARCO BLVD., SUITE 902      |                                                                                                                       | STREET ADDRESS                                                                                                 |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE, FL 32207               |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete    |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GREEN, HUGH A                        |                                                                                                                       | NAME                                                                                                           |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1325 SAN MARCO BLVD., SUITE 902      |                                                                                                                       | STREET ADDRESS                                                                                                 |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE, FL 32207               |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete    |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BOYCE, PHILIP                        |                                                                                                                       | NAME                                                                                                           |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1325 SAN MARCO BLVD. SUITE 902       |                                                                                                                       | STREET ADDRESS                                                                                                 |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE, FL 32207               |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete    |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WILBANKS, JOHN F                     |                                                                                                                       | NAME                                                                                                           |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1325 SAN MARCO BLVD., SUITE 902      |                                                                                                                       | STREET ADDRESS                                                                                                 |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE, FL 32207               |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete      |                                                                                                                       | TITLE                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                       | NAME                                                                                                           |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                       | STREET ADDRESS                                                                                                 |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                       | CITY-ST-ZIP                                                                                                    |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                      |                                                                                                                       |                                                                                                                |                                                                                                                                                                                        |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                       | 4/30/07 904-202-5010                                                                                           |                                                                                                                                                                                        |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                       | <small>Date Daytime Phone #</small>                                                                            |                                                                                                                                                                                        |  |