

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047393

FILED  
Aug 29, 2004  
Secretary of State

Entity Name: PROVIDER DIRECT NETWORK, INC.

## Current Principal Place of Business:

940 MONTE CRISTO  
TIERRA VERDE, FL 33715

## New Principal Place of Business:

## Current Mailing Address:

940 MONTE CRISTO  
TIERRA VERDE, FL 33715

## New Mailing Address:

FEI Number: 59-3651248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, GREGORY  
940 MONTE CRISTO  
TIERRA VERDE, FL 33715 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GREENE, GREGORY  
Address: 940 MONTE CRISTO  
City-St-Zip: TIERRA VERDE, FL 33715

Title: S ( ) Delete  
Name: GREENE, MICHELE  
Address: 940 MONTE CRISTO  
City-St-Zip: TIERRA VERDE, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGGORY GREENE

PRES

08/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date