

FILED
May 15, 2002 8:00 am
Secretary of State

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

05-15-2002 90104 027 ***150.00

DOCUMENT # P01000080579
 1. Entity Name
PROVIDIAN MEDICAL CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1825 Ponce de Leon Blvd.		3. Mailing Address 2600 Douglas Road	
Suite, Apt. #, etc. Suite 496		Suite, Apt. #, etc. Suite 400	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country USA	Zip 33134	Country USA

DO NOT WRITE IN THIS SPACE

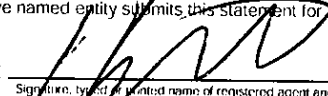
4. FEI Number 65-1129307	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent

Name CMS INTERNATIONAL ENTERPRISES, INC.
Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road
Suite 400
City Coral Gables, FL
Zip Code 33134

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.

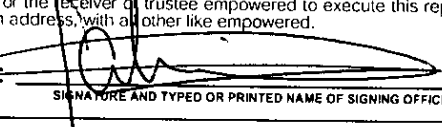
SIGNATURE  **Carlos M. Samlut, President on 4-25-02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE DPS	ALONSO, Carlos	TITLE	
NAME	1825 Ponce de Leon Blvd., #496	NAME	
STREET ADDRESS	Coral Gables, FL 33134	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 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 11 or on an attachment with an address, with a other like empowered.

SIGNATURE:  **Carlos Alonso, President - 4-25-02 (305)461-9518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)