
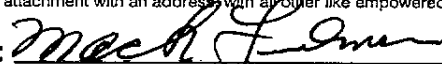


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000088301</b> 1. Entity Name <b>SUPERIOR PROVIDERS GROUP, INC.</b>				
Principal Place of Business <b>300 EAST CHURCH STREET ORLANDO, FL 32801</b>		Mailing Address <b>300 EAST CHURCH STREET ORLANDO, FL 32801</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		 04282005    No Chg-P    CR2E034 (10/03)		
		4. FEI Number <b>59-3748130</b>	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LEWIS, RICHARD 300 EAST CHURCH STREET ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FULMER, MACK 1141 WINDSONG RD ORLANDO, FL 32809</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>LAKE, DR. LARRY 161 MERINE ST. SAINT AUGUSTINE, FL 32084</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEWIS, RICHARD E 300 EAST CHURCH ST ORLANDO, FL 32801</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.				
<b>SIGNATURE:</b> 		Date _____ Daytime Phone # _____		