


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90410 046 ***150.00

DOCUMENT # P05000147882			
1. Entity Name PROVIDER II CORPORATION			
Principal Place of Business 2015 SW 20TH STREET SUITE 101 FORT LAUDERDALE, FL 33315		Mailing Address 2015 SW 20TH STREET SUITE 101 FORT LAUDERDALE, FL 33315	
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
6. Name and Address of Current Registered Agent DEUSCHLE, BRIAN 800 SE 3RD AVE STE 400 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name THOMAS D. ANDERSEN Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DR. # 1001 City Miami FL Zip Code 33133	
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 <u>Thomas D. Andersen</u> DATE <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ROBERT F 2015 SW 20TH STREET, SUITE 101 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, THOMAS D 2015 SW 20TH STREET, SUITE 101 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Thomas D. Andersen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/27/07</u> DAYTIME PHONE # <u>305-338-0016</u>	

40089140



02122007 Chg-P CR2E034 (12/06)

4. FEI Number **68-0616655** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required