

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P92000013234 (9)

95 AUG -4 AM 10:16

1. Corporation Name

PROVIDER EARNINGS PROTECTION SERVICES, INC.

Principal Place of Business

101 E. COPELAND DR.
ORLANDO FL 32806

Mailing Address

101 E. COPELAND DR.
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
01/12/1995

2. Principal Place of Business
21 22 W. Lake Beauty Dr.

2a. Mailing Address
26 Same

4. FEI Number
62-1521761

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22 Suite 201

Suite, Apt. #, etc.
27 Same

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 Orlando, FL

City & State
28 Same

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 32806

Country
25 USA

Zip
29 Same

Country
30 Same

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FARRAR, EDWARD L
101 E. COPELAND DRIVE
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and tax if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12

P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**FARRAR, EDWARD L
101 EAST COPELAND DRIVE
ORLANDO FL 32806**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

V
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DEMBROSKI, JOHN S
2811 RIPTON COURT
ORLANDO FL 32835**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John S. Dembroski* **John S. Dembroski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/95 (407) 872-0040

Date

Daytime Phone #