

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90550 003 ***150.00

DOCUMENT # P92000013234					
1. Entity Name PROVIDER EARNINGS PROTECTION SERVICES, INC.					
Principal Place of Business 2529 KINGSLAND AVENUE ORLANDO, FL 32808 US			Mailing Address 2529 KINGSLAND AVENUE ORLANDO, FL 32808 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1521761	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEMBROSKI, JOHN S 7819 BELVOIR DRIVE ORLANDO, FL 32835			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	EAYRS, ALLAN		NAME	9413 Ambleside Drive	
STREET ADDRESS	12924 LAKESHORE DRIVE		STREET ADDRESS	Windermere, FL 34786	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	PSD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DEMBROSKI, JOHN S		NAME	15320 Starteigh Rd.	
STREET ADDRESS	7849 BELVOIR DRIVE		STREET ADDRESS	Winter Garden, FL 34787	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: _____ 4/6/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

14006998



01262004 Chg-P CR2E034 (10/03)