FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001327 (4)**

1. Corporate Name

K.L.K., INC. OF PALM BEACH COUNTY

Principal Place of Business	Mailing Address
638 HAWTHORNE LAKE PARK FL 33403	638 HAWTHORNE PO BOX 9931 LAKE PARK FL 33419 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **01/08/1993**
3a. Date of Last Report: **02/11/1994**
4. FEI Number: **65-0391209** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEILBACH, KURT L
638 HAWTHORNE
LAKE PARK FL 33403

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 Section(s) 607.0502 and/or 608.4101, 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title Name Street Address City-St-Zip	DPS KEILBACH, KURT L 638 HAWTHORNE LAKE PARK FL 33403
Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

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)(i), 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 above, or on an attachment with an address.

SIGNATURE: KURT L. KEILBACH 5-1-95 (407) 881-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0436394 FP

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CORPORATION ANNUAL REPORT
1995

DOCUMENT # P93000001570 (9)

1. Corporate Name
PROVIDER RECOVERY SERVICES, INC.

Principal Place of Business
15476 N.W. 77TH COURT
MIAMI LAKES FL 33016

Mailing Address
15476 N.W. 77TH COURT
MIAMI LAKES FL 33016

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21 15535 Miami Lakeway North
22 Suite 108
23 Miami Lakes, FL
24 33014 25 USA

2a. Mailing Address
26 15535 Miami Lakeway North
27 Suite 108
28 Miami Lakes, FL
29 33014 30 USA

4. FEI Number: 65-0380115 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
GUZMAN, RACHEL S
15476 N.W. 77TH COURT
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent
81 Name: J. James Donellan, III, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Brickell Ave.
83
84 City: Miami FL 85 Zip Code: 33129

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 s. 607.0505, Florida Statutes.

SIGNATURE: [signature] May 1, 1995

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GUZMAN, RACHEL S
STREET ADDRESS	15476 N.W. 77TH COURT, #438
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	VTD
NAME	CANNON, TERRI L
STREET ADDRESS	12600 BISSONNET, #426
CITY-ST-ZIP	HOUSTON TX 77099

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PSD [X] Change [ ] Addition
NAME	Guzman, Rachel S.
STREET ADDRESS	15234 N.W. 87th Court
CITY-ST-ZIP	Miami, Florida 33016
TITLE	VTD [X] Change [ ] Addition
NAME	Cannon, Terri L.
STREET ADDRESS	15535 Miami Lakeway North, Ste. 108
CITY-ST-ZIP	Miami Lakes, Florida 33014

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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 or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (713) 498-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terri L. Cannon, VTD

0087654 CF