FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000032505 (8)

1. Corporation Name

HEALTHPROV, INC.

Principal Place of Business
1500 NW 49TH ST. #500
FT. LAUDERDALE FL 33309

Mailing Address
~~100 SE 2ND ST.~~
~~28TH FLOOR~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 12/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 39749
Suite, Apt. #, etc.
27
City & State
28 Ft Lauderdale FL
Zip 29 33339-9749 Country 30

4. FEI Number: 65-0408053 — 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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SW 2ND ST.
28TH FLOOR
MIAMI FL 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	WATMAN, RHODA	
STREET ADDRESS	1500 NW 49TH ST. #500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DCT	☐ DELETE
NAME	HERREA, CARLOS	
STREET ADDRESS	1500 NW 49TH ST. #500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☑ Change ☐ Addition
1.2 NAME	WAXMAN, RHODA	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DCT	☑ Change ☐ Addition
2.2 NAME	HERRERA, CARLOS	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001840899	☐ Change ☐ Addition
5.2 NAME	-05/28/96--01035--023	
5.3 STREET ADDRESS	***225.00	
5.4 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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 1996 — Date

954-938-0011 — Daytime Phone #

CR2E034 (12/95)