## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90069 033 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000033669**1, Corporation Name

AMERICAN PROVIDERS, INC.

Principal Place	e of Business	Mailing	Mailing Address									
2000 NW 89TH	PLACE		2000 NW 89TH PLACE									
MIAMI FL 33172				MIAMI FL 33172				DO NOT WRITE IN THIS SPACE				
US			us	US				3. Date Incorporated or Qualified				
								05/10/1993				
2 Principal Pl	lace of Business		2a. Mai	ling Address				4. FEI Number			Д	pplied For
21	1000 01 00011000		26	<b>3</b>				65-0413066			_ \	lot Applicable
Suite, Apt.	#. etc.			e, Apt. #, etc.					Danirad		\$8.75	Additional
22	, 5.5.		27	•				5. Certifcate of Status	Desired		Fee F	Required
City & State				City & State				6. Election Campaign	Financing		\$5.00	May Be
23			28	28				Trust Fund Contribu	ition	<u> </u>	Added	to Fees
Zip Country			Zip					<ol><li>This corporation ow</li></ol>	es the curre	nt year Inta		
24	25		29		30			Personal Property			Yes	□No
	9. Name and	d Address of (	Current Registered	d Agent				10. Name and Addres	s of New Re	gistered /	Agent	
				1. N		81	Name					
DORCHAK, KENNETH J							Street Address (P.O. Box Number is Not Acce			ole)		
	O BISCAYNE								. ,			2 1 2 2 2 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3
NOH	ith Miami Fl	33181				83						
		•				84	City		· · · ·		85 Zip	Code
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11. Pursuant office or n	to the provisions registered agent, im familiar with	of Sections 6 or both, in the	07.0502 and 607.1 State of Florida. S obligations of, Sec	508, Florida Stat uch change was tion 607.0505, F	utes, the a authorize lorida Sta	above- ed by tl itutes.	-named corporati	poration submits this statem ion's board of directors. I he	ent for the pereby accept	the appoir	changing i ntment as i	registered
SIGNATURE												
SIGNATURE	Signature, typed or pr		ered agent and title if appli				signature requir	ed when reinstating)		DATE	- 0.0507	000 01 40
12.			ered agent and title if appli RS AND DIRECTO	RS	13	١,	signature require	ADDITIONS/CHANG	ES TO OFF			ORS IN 12
	D	OFFICE			1.11	II.	signature require		ES TO OFF		ID DIRECT	
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12.	D Linares, Ai	OFFICE		RS	13 1.11 1.28 1.33	TITLE NAME STREET	ADDRESS	ADDITIONS/CHANG	ES TO OFF			ORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LINARES, AI 2789 W 73R HIALEAH FL	OFFICE MELIA D PLACE		DRS DELETE	13 1.11 1.23 1.35 1.40 2.11 2.21	NAME STREET / CITY-ST- TITLE NAME	ADDRESS	ADDITIONS/CHANG	ES TO OFF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LINARES, AI 2789 W 73R HIALEAH FL	OFFICE MELIA D PLACE		DELETE	13 1.11 1.21 1.35 1.40 2.11 2.21 2.35	NAME STREET / CITY-ST- TITLE NAME	ADDRESS - ZIP	ADDITIONS/CHANG	ES TO OFF		☐ Change	Addition
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14. 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 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 officer or director of the corporation Block 12 or Block 13 if changed, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS