

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033669

Entity Name: AMERICAN PROVIDERS, INC.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

2000 NW 89TH PLACE
MIAMI, FL 33172 US

New Principal Place of Business:

2000 NW 89TH PLACE
DORAL, FL 33172 US

Current Mailing Address:

2000 NW 89TH PLACE
MIAMI, FL 33172 US

New Mailing Address:

2000 NW 89TH PLACE
DORAL, FL 33172 US

FEI Number: 65-0413066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORCHAK, KENNETH J
11900 BISCAYNE BLVD
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINARES, AMELIA
Address: 2789 W 73RD PLACE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LINARES, AMELIA
Address: 4080 SW 139 AVENUE
City-St-Zip: MIRAMAR, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA LINARES

D

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date