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 APR 28 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053600 (1)

1. Corporation Name

PROVIDERS' FUNDING SERVICES, INC.

Principal Place of Business
4800 N FEDERAL HWY
#208 A
BOCA RATON FL 33431

Mailing Address
100 SOUTHEAST SECOND ST
38TH FLOOR, INTERNATIONAL PLACE
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 100 S.E. 2nd Street
Suite, Apt #, etc. 22	Suite, Apt # etc 27 35th Floor
City & State 23	City & State 28 Miami, Florida 33131
Zip 24 / Country 25	Zip 29 33131 / Country 30 USA

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report: 05/13/1994
4. FEI Number: 65-0426611 ☐ 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

BERMAN WOLFE & RENNERT
100 SOUTHEAST SECOND STREET
38TH FLOOR, INTERNATIONAL PLACE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street
83 35th Floor
84 City Miami, Florida FL 85 Zip Code 33131

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	P , D
NAME	FRANKEL, CRIS
STREET ADDRESS	10571 SANTA LAGUNA DRIVE
CITY ST ZIP	BOCA RATON FL
TITLE	ST , D
NAME	FRIEDKIN, SHAWN
STREET ADDRESS	3100 NW 56TH STREET
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	SWATT, MYRON
STREET ADDRESS	1051 S ROGERS CIRCLE
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	ERGAS, MARTIN
STREET ADDRESS	2500 STEINER ST #10
CITY ST ZIP	SAN FRANCISCO CA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
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(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 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cris Frankel, President

DATE 4/12/95

1/800/209-4136
DAYTIME PHONE

0127862 CP