

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 # P93000054941 (8)

1. Corporation Name

THE PROVIDERS' NETWORK, INC.

Principal Place of Business

7800 S.W. 87TH AVENUE
SUITE B-270
MIAMI FL 33173-3570

Mailing Address

7800 S.W. 87TH AVENUE
SUITE B-270
MIAMI FL 33173-3570



2. Principal Place of Business

2a. Mailing Address

21 8720 N. KENDALL DR

26 8720 N. KENDALL DR

22 Suite, Apt. #, etc. 109

27 Suite, Apt. #, etc. 109

23 City & State MIAMI, FL

28 City & State MIAMI, FL

24 Zip 33176 Country USA

29 Zip 33176 Country

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0428957

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

10. Name and Address of New Registered Agent

MINKIN, MICHAEL
9130 SOUTH DADELAND BLVD.
SUITE 1705
MIAMI FL 33156

81 Name MARK HINKES

82 Street Address (P.O. Box Number is Not Acceptable)

8720 N. KENDALL DR #109

83

84 City MIAMI

FL

85 Zip Code 33176

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when re-registering)

DATE

Michael Minkin MARK HINKES

2/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	HINKES, MARK P M.D.	7800 S.W. 87TH AVENUE, SUITE B-270 MIAMI FL 33173-3570	<input type="checkbox"/> DELETE			
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1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Minkin MARK HINKES 2/20/96 305-598-0300

Date

Daytime Phone

CR2E034 (12/95)