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

PROFIT
CORPORATION
ANNUAL REPORT
1997



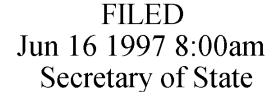
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054941 (8)

THE PROVIDERS' NETWORK, INC.



Principal Plac	ce of Business	Mailing Address	Mailing Address						
8720 NORTH KENDALL DRIVE		•	8720 NORTH KENDALL DRIVE						
#109		#109	#109						
MIAMI FL 83176			MIAMI FL 33176-2208						
US		US .				3. Date Incorporated or Qualified 08/02/1993		te of Last 23/1996	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	•	1	Applied For
		26				65-0428957 Not Applicable			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
		27							Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution	Ц		to Fees
Zip	Country Z(p			Country		8. This corporation has liability for i			s. 199.032,
24 25 29 9, Name and Address of Current Reg			Stered Agent		 	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
HINKES, MARK				31	Name	10. Waine and Address of New Registered Agent			
	20 NORTH KENDALL DRIVE		, dance		7 (0.11)				
1			82 Street Ac		Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
#109 MIAMI FL 33176			83						
MIN	AMI LE 22110		`	"					
			[34	City		FĽ	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the abo	ove-r	named corpo	ration submits this statement for the pun's board of directors. I hereby accep	urpose of	changing	its registered
office of t	registered agent, or both, in the State am familiar with, and accopt the oblig	e or Florida. Such change was jations of, Section 607.0505, I	s autnorized ∃lorida Statu	ny ti tes.	ne corporatio	in s board of directors, I hereby accep	t the appo	ointmerit a	is registered
SIGNATURE									
OIGHATORE	Signature, typed or printed name of registered ag-		Off Registered	Agent	signature required	d when reinstalling)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ER\$ AND		
TITLE	D.	☐ DELETE	11100					Change	Addition
NAME	HINKES, MARK P M.D.	IITE D 070	1.2 NAME						
STREET ADDRESS CITY-ST-7IP NIAMI FL 33173-3570		711C D-2/U	I TO DINEET TOD LESS		DDRESS				
CITY-ST-ZIP	MIAMI FL 331/3-39/0		14 C/T		7IP				
TITLE		☐ DELETE	DELETE 21 TITLE					L Change	Addition
NAME			2 2 NAN	1 E					
STREET ADDRESS			2 3 STR	EFT AD	DDRESS				
CITY-ST-ZIP			2 4 CITY-ST-7IP		-ZIP				
TETLE	1	☐ DELETE	3.1 1116		İ			Change	Addition
NAME			3 2 NAN	1E					
STREET ADDRESS			3 3 S1R	EET AD	DDRESS				
CITY-ST-ZIP			3 4. CIT		ZIP				
TITLE	‡	☐ DELETE	4.1 TITL					Change	Addition
NAME	ł		4 2 NA	MF					
STREET ADDRESS			4 3 STR	TFT AD	DDRESS				
CITY-ST-ZIP			44 0(1)		7IP				
TITLE		☐ DELETE	511111					Change	Addition
NAME			5.2 NAM						
	ĺ		5.3 STR	CET AC	IDRESS				
STREET ADDRESS			0.001.1	CL I PAG	70,11,00				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY	-12-					
		☐ DELETE		-12-				Change	Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY	- SI E				Change	Addition

14. I do 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 of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the required or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.