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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:22

DOCUMENT # **P93000066933 (1)**

1. Corporation Name
HEALTH CARE PROVIDER SYSTEMS, INC.

Principal Place of Business	Mailing Address
1500 E HILLSBORO BLVD STE 107 DEERFIELD BEACH FL 33441	1500 E HILLSBORO BLVD STE 107 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 5100 N.E 3 AVE
Suite, Apt. #, etc. 22
City & State 23 Light House Point
Zip 24 33064 Country 25 U.S.A.

2a. Mailing Address
26 5100 N.E 3 AVE
Suite, Apt. #, etc. 27
City & State 28 LIGHT HOUSE POINT FLA
Zip 29 33064 Country 30 U.S.A.

4. FEI Number: 65-0447443 ☐ 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

IVAN A. GOMEZ PA
601 BRICKELL KEY DR
STE 507
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: IVAN LAVERNIA
82 Street Address (P.O. Box Number is Not Acceptable): 5100 N.E 3 AVE
83 LIGHT HOUSE POINT
84 City FL 85 Zip Code 33064

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 [signature] 2/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LAVERNIA, IVAN MD	1.2 NAME	IVAN LAVERNIA	
STREET ADDRESS	1500 E HILLSBORO BLVD #107	1.3 STREET ADDRESS	5100 NE 3 AVE;	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	1.4 CITY-ST-ZIP	LIGHT HOUSE POINT FLA 33064	
TITLE		2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		2.2 NAME	NADINA Filippini	
STREET ADDRESS		2.3 STREET ADDRESS	5100 N.E 3 AVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LIGHT HOUSE POINT FLA 33064	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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(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] 2/18/95 3054270151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IVAN LAVERNIA

0266074 CP