SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT 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 JUN 30 AM 9:57

DOCUMENT # **P93000072652 (9)**

1. Corporation Name
MEDICAL PROVIDER SERVICES, INC.

Principal Place of Business	Mailing Address
1834 MAIN STREET SARASOTA, FL 34236	1834 MAIN STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business	2a. Mailing Address
21 825 W. M.L. KING BLVD	26 825 W.M.L.KING BLVD
Suite, Apt. #, etc 22 SUITE 111	Suite, Apt. #, etc 27 SUITE 111
City & State 23 TAMPA	City & State 28 TAMPA
Zip / Country 24 33603 / 25 USA	Zip / Country 29 33603 / 30 USA

4. FEI Number: 65-0495222 ☐ 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
PADEREWSKI, ALEXANDER G 1834 MAIN STREET SARASOTA FL 34236	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME MCCOWN, PHILIP R JR. STREET ADDRESS 6601 SALAMANDER DRIVE CITY ST ZIP SARASOTA FL	☑ Change ☐ Addition DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☑ Addition D, P JOSEPH T. WITEK M.D. 3425 AVENIDA MADEIRA BRADENTON FL 34210
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: JOSEPH T. WITEK X Joseph T Witek MD 6/27/95 813 239-0710
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Telephone Number)

0100707 CP