

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008070 (2)

1. Corporation Name

HEALTHCARE PROVIDER SERVICES, INC.

Principal Place of Business

**11420 N. KENDALL DRIVE
SUITE 107
MIAMI FL 33176**

Mailing Address

**11420 N. KENDALL DRIVE
SUITE 107
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

4. FEI Number

65-0463085

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

**THOMAS, JAMES A
11420 N. KENDALL DRIVE
SUITE 107
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D/T/SEC**
NAME **THOMAS, JAMES A**
STREET ADDRESS **8045 S.W. 107 AVE., # 208**
CITY- ST- ZIP **MIAMI FL 33173**

TITLE **D**
NAME **THOMAS, JAMIE L**
STREET ADDRESS **8045 S.W. 107 AVE., # 208**
CITY- ST- ZIP **MIAMI FL 33173**

TITLE **PRES/D**
NAME **STEVEN A. QUAGLIA**
STREET ADDRESS **6438 N.W. 188 LN**
CITY- ST- ZIP **MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/T/SEC** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE **PRES/D** ☐ Change ☒ Addition
32 NAME **QUAGLIA, STEVEN A**
33 STREET ADDRESS **6438 NW 188 LN**
34 CITY- ST- ZIP **MIAMI, FL 33015**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 officer or true and accurate person 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 within all remaining blocks of this form.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

STEVEN A Quaglia

4/26/95 305 274 7111
Date (optional) Phone #