SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0463085 ☐ 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

2. Principal Place of Business
21 6438 NW 188 LN
Suite, Apt #, etc
22
City & State
23 Miami FL
Zip
24 33015
Country
25 DADE

2a. Mailing Address
26 SAME
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

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: Steven A Quaglia
82 Street Address (P.O. Box Number is Not Acceptable): 6438 NW 188 LN
83
84 City: Miami FL 85 Zip Code: 33015

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] Steven A Quaglia, President 7/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DTS	☒ DELETE
NAME	THOMAS, JAMES A	
STREET ADDRESS	8045 S.W. 107 AVE., # 206	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	THOMAS, JAMIE L	
STREET ADDRESS	8045 S.W. 107 AVE., # 206	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	~~PD~~	☐ DELETE
NAME	QUASLIA, STEVEN A	
STREET ADDRESS	6438 NW 188 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PTDM	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	ROCHELLE T QUAGLIA	
4.3 STREET ADDRESS	6438 NW 188 LN	
4.4 CITY-ST-ZIP	MIAMI FL 33015	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/30/96 (305) 624-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Steven A Quaglia