
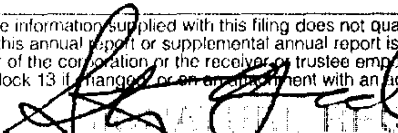


FILED

May 05 1997 8:00am
Secretary of State

<p align="center">PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # P94000008070 (2)</p>		
<p>1. Corporation Name HEALTHCARE PROVIDER SERVICES, INC.</p>		
<p>Principal Place of Business</p> <p>6436 NW 188TH LANE MIAMI FL 33015 US</p>		<p>Mailing Address</p> <p>6436 NW 188TH LANE MIAMI FL 33015-4736 US</p>
<p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City & State</p> <p>23 Zip 25 Country</p>		<p>2a. Mailing Address</p> <p>26 Suite, Apt. #, etc.</p> <p>27 City & State</p> <p>28 Zip 29 Country</p>
<p align="center">3. Name and Address of Current Registered Agent</p>		
<p>QUAGLIA, STEVEN A. 6436 NW 188TH LANE MIAMI FL 33015</p>		<p>81 Name</p> <p>82 Street Address</p> <p>83</p> <p>84 City</p>
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</p>		
<p>SIGNATURE</p> <p align="center"><small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required)</small></p>		
<p align="center">12. OFFICERS AND DIRECTORS</p>		
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>PTDM <input type="checkbox"/> DELETE</p> <p>QUASLIA, STEVEN A</p> <p>6436 NW 188 LANE</p> <p>MIAMI FL</p>	<p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>SD <input type="checkbox"/> DELETE</p> <p>QUAGLIA, ROCHELLE T.</p> <p>6436 N.W. 188TH LANE</p> <p>MIAMI FL</p>	<p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p>
<p>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an amendment with an address.</p>		
<p>SIGNATURE:</p> <p align="center"> STEVEN A QUAGLIA</p> <p align="center"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		



CR2E034 (9/96)