FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008070 (2)

HEALTHCARE PROVIDER SERVICES, INC.

FILED May 05 1997 8:00am Secretary of State



Principal Place 8438 NW 188T MIAMI FL 3301 US	'H LANE	Mailing Address 8436 NW 188TH LANE MAMI FL 33015-4738 US	6438 NW 188TH LANE MIAMI FL 33015-4738				
					 Date Incorporated or Qualified 02/01/1994 	3a. Date of Last F 08/12/1996	Report
2. Principal P 21	Pace of Business	2a. Mailing Address			4. FEI Number 65-0463085		applied For lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional lequired
City & State 23		City & State	├ ₁ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζιρ 24	25 Zip 29		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No		
	9. Name and Address of Curr				10. Name and Address of New Reg		
	AGLIA, STEVEN A.			81 Name			
6438 NW 188TH LANE Miami Fl 33015				82 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				84 City		FL 85 Zip	Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Florida Stati ile of Florida. Such change was igations of, Section 607.0505, F	utes, the at authorized lorida Stat	pove-named cor to by the corpora utes.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing of the appointment as	its registered s registered
SIGNATURE	Signature, typed or proted name of registered	agent and title if applicable (NC	OTE: Registere	i Agent signature requ	uiréd when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTDM	[_] DELETE	1.1 70	"		Change	Addition
NAME	QUASLIA, STEVEN A 6438 NW 188 LANE		1.2 N				-
STREET ADDRESS			1	REET ADDRESS			ļ
CITY-S1-ZIP	MIAMI FL SD	DECET		TY-S1-Z⊮P		Change	Addison
TITLE	QUAGLIA, ROCHELLE T.	☐ DELETE	2.1 10	1		[_] Change	Addition !
NAME	6438 N.W. 188TH LANE		2.2 N/				
STREET ADDRESS	MIAMI FL			REET ADDRESS			
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NAM5		•	4.2 N	AME			
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Title	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 Tr			☐ Change	Addition
NAME			5.2 N/	AME			
STREET ADDRESS			5 3 ST	REET ADORESS			
CITY ST-ZIP			540	TY-ST-ZIP			
TITLE		☐ DELETE	61 TI			Change	Addition
NAME			6.2 N	AME			Ì
STREET ADDRESS			6.3 S	REET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
	by certify that the information surp	lied with this filing does not qua	alify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify tha	it the

information indicates on this annual upport 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manage or on an appears in the same legal effect as if made under oath; that I am an address. Lam an officer or director of the cor appears in Block 12 or Block 13 if

SIGNATURE:

0122563