2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90360 033 ***150.00

DOCUMENT # P94000060662

1. Entity Name

The Provider Management Group, Inc.

Principal Place of Business	Mailing Address
1700 66th St. North Suite 201 St Petersburg FL 33710	P.O. Box 40280 St Petersburg FL 33743

A00070769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3258022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lowder, Robert W. 9825 Harrell Ave #503 Treasure Island FL 33706	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Robert W. Lowder 9825 Harrell Ave #503 Treasure Island FL 33706	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Charlotte H. Lowder 9825 Harrell Ave #503 Treasure Island FL 33706	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte H Lowder Charlotte H. Lowder 4/30/01 727-343-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DH-P94000060662

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4/30/01 CORPORATE DETAIL RECORD SCREEN 3:10 PM

NUM: P94000060662 ST:FL ACTIVE/FL PROFIT FLD: 08/12/1994
FEI#: 59-3258022
NAME : THE PROVIDER MANAGEMENT GROUP, INC.
PRINCIPAL: 9825 HARRELL AVE CHANGED: 05/01/95
ADDRESS #503
TREASURE ISLAND, FL 33706 US
MAILING : P. O. BOX 40280
ADDRESS ST. PETERSBURG, FL 33743
RA NAME : LOWDER, ROBERT W
RA ADDR : 9825 HARRELL AVE #503 ADDR CHG: 05/01/95
TREASURE ISLAND, FL 33706 US
ANN REP : (1998) B 03/02/98 (1999) A 04/20/99 (2000) A 05/26/00

4/30/01 OFFICER/DIRECTOR DETAIL SCREEN 3:10 PM

CORP NUMBER: P94000060662 CORP NAME: THE PROVIDER MANAGEMENT GROUP, INC.
TITLE: PD NAME: LOWDER, ROBERT W
9825 HARRELL AVE #503
TREASURE ISLAND, FL
TITLE: STD NAME: LOWDER, CHARLOTTE H
9825 HARRELL AVE., #503
TREASURE ISLAND, FL