2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# P94000060662

Entity Name: THE PROVIDER MANAGEMENT GROUP, INC.

Current Principal Place of Business:

111 N ORANGE AVENUE
2000
ORLANDO, FL 32801 US

New Principal Place of Business:

9825 HARRELL AVENUE
503
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

111 N ORANGE AVENUE
2000
ORLANDO, FL 32801 US

New Mailing Address:

P.O. BOX 41743
ST. PETERSBURG, FL 33743 US

FEI Number: 59-3258022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOWDER, CHARLOTTE H P
9825 HARRELL AVENUE
503
TREASURE ISLAND, FL 33706 US

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: CHARLOTTE H LOWDER 02/12/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOWDER, CHARLOTTE
Address: 111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: STD ( ) Delete
Name: LOWDER, ROBERT
Address: 111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: T (X) Delete
Name: MUNROE, KEVIN
Address: 111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: FISHER, BRIAN
Address: 111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOWDER, CHARLOTTE
Address: 9285 HARRELL AVENUE #503
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: STD (X) Change ( ) Addition
Name: LOWDER, ROBERT
Address: 9825 HARRELL AVENUE #503
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE H LOWDER P 02/12/2008
Electronic Signature of Signing Officer or Director Date