

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000023075

1. Corporation Name

SOUTH FLORIDA PROVIDER SERVICES, INC.

Principal Place of Business

7200 N.W. 19 Street
Suite 110
Miami, Florida 33126

Mailing Address

7200 N.W. 19 Street
Suite 110
Miami, Florida 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 7200 N.W. 19 St

2a. Mailing Address

26 7200 N.W. 19 Street

4. FEI Number

65-0567604

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 110

Suite, Apt. #, etc.

27 Suite 110

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

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

James V. Johnstone
7200 N.W. 19 Street
Suite 110
Miami, Florida 33126

10. Name and Address of New Registered Agent

81 Name James V. Johnstone, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

7200 N.W. 19 Street, Suite 110

83 Miami, Florida 33126

84 City Miami, Florida

FL

85 Zip Code 33126

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ PERAZA, MIGUEL A.	12 NAME	
STREET ADDRESS	7200 N.W. 19 Street, #110	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33126	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL S. RILEY	22 NAME	
STREET ADDRESS	7200 N.W. 19 Street, #110	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33126	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

(305) 593-7833

Date

Daytime Phone #

CR2E034 (10/97)