

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034057 (6)

1. Corporation Name

PROVIDER MARKETING GROUP, INC.



Principal Place of Business

Mailing Address

1616 GATSBY COURT
CASSELBERRY FL 32707

1616 GATSBY COURT
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P.O. Box 182025

22 City & State

27 City & State
CASSELBERRY

23 Zip Country

28 Zip Country

24

29 32718

30

4. FEI Number

59-3312891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROBERT N. SCHMIDT, JR.

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

1616 GATSBY CT.

83

84 City CASSELBERRY

FL

85 32707

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 authorized, and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

Robert N. Schmidt, Jr.

ROBERT N. SCHMIDT JR. 8-1-96

(Signature, typed or printed name of registered agent and title of appointment)

(NOTE: Registered Agent's signature required when remitting fee)

(Date)

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHMIDT, ROBERT N JR
STREET ADDRESS 1616 GATSBY COURT
CITY-ST-ZIP CASSELBERRY FL 32707

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Robert N. Schmidt, Jr.

ROBERT N. SCHMIDT JR., PRES. 407-263-8758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)