

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042533

1. Entity Name

PROVIDERS PREFERENCE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90102 001 \*\*\*300.00

Principal Place of Business

222 WEST COMSTOCK AVENUE STE 111  
 WINTER PARK FL 32789

Mailing Address

P.O. BOX 547607  
 ORLANDO FL 32854-7607

2. Principal Place of Business

400 North Wymore Rd

3. Mailing Address

Suite, Apt. #, etc.

110

City & State

Winter Park, FL

City & State

4. FEI Number

59-3317362

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

Country

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

HUTCHINS, ROBERT J

222 WEST COMSTOCK AVENUE STE 111  
 WINTER PARK FL 32789

Name  
 Hutchins, Robert J.

Street Address (P.O. Box Number is Not Acceptable)  
 400 North Wymore Road

Suite 110

City  
 Winter Park

FL

32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 PD  
 NAME WEST, CHRISTOPHER D  
 STREET ADDRESS 222 WEST COMSTOCK AVENUE STE 111  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE PD  
 NAME West, Christopher D.  
 STREET ADDRESS 400 North Wymore Road, Ste 110  
 CITY-ST-ZIP Winter Park, FL 32789

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE OF OFFICER OR DIRECTOR

Christopher J. West

4-18-00

Date

(407) 645-2377

Daytime Phone #

CR2E034 (9/99)