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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000054851 (7)**

1. Corporation Name
INTERPRO PROVIDER SERVICES, INC.

Principal Place of Business	Mailing Address
1820 W COLONIAL DRIVE ORLANDO FL 32804	1820 W COLONIAL DRIVE ORLANDO FL 32804-7012

3. Date Incorporated or Qualified: 07/15/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 16442 Lakeshore
Suite, Apt. #, etc.
22 P.O. Box 1959
City & State
23 Minneola, FL
Zip 24 34755 Country 25 US

2a. Mailing Address
26 P. O. Box 1959
Suite, Apt. #, etc.
27
City & State
28 Minneola, FL
Zip 29 34755 Country 30 US

4. FEI Number: 59-3330687 ☐ 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

BRAGA, JOHN O
1820 W COLONIAL DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: JOHN BRAGA
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 1959
83
84 City: Minneola FL 85 Zip Code: 34755

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAGA, JOHN O		1.2 NAME	
STREET ADDRESS	16442 LAKESHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA FL 34755		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRIAN T. SMALL		2.2 NAME	
STREET ADDRESS	7615 SUGAR BEND DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES R. HOLCOMBE		3.2 NAME	
STREET ADDRESS	1820 W COLONIAL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: _____ 1/11/97 407 4268782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085927