

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000075679 (7)**

1. Corporation Name  
**PREMIER PROVIDER SERVICES, INC.**



Principal Place of Business <b>7280 W. PALMETTO PARK ROAD SUITE 204 BOCA RATON FL 33433</b>	Mailing Address <b>7280 W. PALMETTO PARK ROAD SUITE 204 BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7501 W. OAKLAND PARK BLVD.</b>	2a. Mailing Address <b>26 P.O. BOX 450159</b>	3. Date Incorporated or Qualified <b>09/28/1995</b>	3a. Date of Last Report <b>11/06/1996</b>
Suite, Apt. #, etc. <b>22 #301</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0610495</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State <b>23 LAUDERHILL, FL.</b>	City & State <b>28 SUNRISE, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24 33319</b>	Country <b>25 BROWARD</b>	Zip <b>29 33345-0159</b>	Country <b>30 BROWARD</b>

9. Name and Address of Current Registered Agent

**SPEAR, ESQ., GARRY R  
7280 W. PALMETTO PARK ROAD  
SUITE 204  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUTY, W. DENNIS	1.2 NAME	
STREET ADDRESS	9091 VINEYARD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTERA, LAURA C	2.2 NAME	
STREET ADDRESS	11450 N.W. 36TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, GARRY R	3.2 NAME	
STREET ADDRESS	20797 CABRILLO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)