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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000097230

1. Corporation Name
Millenium Gulf Coast Provider Network, Inc.

Principal Place of Business	Mailing Address
943 S. Beneva Rd. Suite 306 Sarasota, FL 34232	943 S. Beneva Rd. Suite 306 Sarasota, FL 34232

3. Date Incorporated or Qualified: 12/27/95
3a. Date of Last Report: 4/23/96

2. Principal Place of Business	2a. Mailing Address
21 1390 Main Street	26 1390 Main Street
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Sarasota, FL	28 City & State: Sarasota, FL
24 Zip: 34236 25 Country	29 Zip: 34236 30 Country

4. FEI Number: 65-0750374 ☐ 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	10. Name and Address of New Registered Agent
Brown, Daryl J. 1800 Main Street Suite 1100 Sarasota, FL 34236	81 Name: McCurdy, Jeffrey 82 Street Address (P.O. Box Number is Not Acceptable): 1390 Main Street 83 84 City: Sarasota, FL 85 Zip Code: 34236

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: Jeffrey McCurdy 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DPT	☐ Change ☒ Addition
NAME	Malone, James A.		1.2 NAME	Griffin, William D.	
STREET ADDRESS	1390 Main St.		1.3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	Sarasota, FL 34236		1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DS	☒ DELETE	2.1 TITLE	VPS	☐ Change ☒ Addition
NAME	Berling, Steven J.		2.2 NAME	McCurdy, Jeffrey	
STREET ADDRESS	1390 Main Street		2.3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP	Sarasota, FL 34236		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Hammel, Edward J.		3.2 NAME		
STREET ADDRESS	1390 Main Street		3.3 STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34236		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	900002198919	
STREET ADDRESS			6.3 STREET ADDRESS	-06/03/97--01005--034	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00	

RW 5-19-97

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: Jeffrey McCurdy 4/15/97 941 906-5903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER