FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025751

1. Corporation Name

PREMIER PROVIDER NETWORK, INC

Principal Place of Business	Mailing Address
10710 SW 14 Ct Davie, Fl 33324	Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: March 22, 1996

4. FEI Number: 65-0649946 — [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes **XXX** No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

Carlos Perez
10710 SW 14 Ct
Davie, Fl 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box [illegible]

83 -03/26/99--01055--022
****150.00 ****150.00

84 City: FL — 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before this form will be filed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. [ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	CARLOS PEREZ	12 NAME	
STREET ADDRESS	10710 SW 14 Ct	13 STREET ADDRESS	
CITY-ST-ZIP	Davie, Fl 33324	14 CITY-ST-ZIP	
TITLE	S.T.D. [ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	JANET PEREZ	22 NAME	
STREET ADDRESS	10710 SW 14 Ct	23 STREET ADDRESS	
CITY-ST-ZIP	Davie, Fl 33324	24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JB 3-18-99

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: X Carlos Perez — 3/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number