

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

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90033 032 \*\*\*150.00

DOCUMENT # P97000052581

1. Corporation Name

PHYSICIANS PROVIDER NETWORK, INC.

Principal Place of Business

17330 N.W. 7TH AVENUE  
SUITE 404  
MIAMI FL 33169

Mailing Address

17330 N.W. 7TH AVENUE  
SUITE 404  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0763508

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 ☐ No

2. Principal Place of Business

21 16800 NW 2 AVE

Suite, Apt. #, etc.  
22 SUITE 204

City & State

23 NORTH MIAMI BEACH, FL

Zip Country

24 33169 25 USA

2a. Mailing Address

26 16800 NW 2 AVE

Suite, Apt. #, etc.

27 SUITE 204

City & State

28 NORTH MIAMI BEACH, FL

Zip Country

29 33169 30 USA

9. Name and Address of Current Registered Agent

ENGLISH, SCOTT R MD  
17330 N.W. 7TH AVENUE  
SUITE 404  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

SCOTT R. ENGLISH, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

16800 NW 2 AVE

83

SUITE 204

84 City

NORTH MIAMI BEACH

85 Zip Code

FL 33169

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ENGLISH, SCOTT R MD  
STREET ADDRESS 17330 NW 7 AVE STE 501  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME SCOTT R. ENGLISH, M.D.  
1.3 STREET ADDRESS 16800 NW 2 AVE STE 204  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)