

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # V13148

(4)

PROVIDER HEALTHCARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 WEST SR 436
240
ALTAMONTE SPGS. FL 32714
US

19 WEST SR 436
240
ALTAMONTE SPGS. FL 32714
US

3. Date of Application	02/11/1992	3a. Date of Filing	06/27/1994
4. Filing Number	59-3108453	Approved For	Not Applicable
5. Contribution of State Taxation		\$8.75 Additional Fee Required	
6. Election Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees	
8. The corporation has liability for state taxes under the Florida Statutes	☐ Yes ☒ No		

21. 300 South Jenkins	26. 300 South Jenkins
22.	27.
23. Sallisaw Oklahoma	28. Sallisaw Oklahoma
24. 74955	29. 74955
25.	30.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81. Name 82. Street Address, if different from 81 83. 84. City 85. State FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of changing its registered office as provided in the Florida Statutes. The change was authorized by the corporation's board of directors, officers and agents as required by the Florida Statutes.

Signature of Officer or Agent: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME PD MITCHELL, KELLY O. 300 S. JENKINS SALLISAW OK VPST MITCHELL, KELLY 300 S. JENKINS SALLISAW OK	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE 11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE 16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of changing its registered office as provided in the Florida Statutes. The change was authorized by the corporation's board of directors, officers and agents as required by the Florida Statutes.

SIGNATURE: _____
DATE: 5/4/95

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION

DOCUMENT # **V13587**

(3)

TROPICA BOATS & MARINE, INC.

1. Name of Corporation 1509 SW 50TH ST CAPE CORAL FL 33914 US		2b. Mailing Address 1509 SW 50TH ST CAPE CORAL FL 33914 US		3. Date of Organization 02/12/1992		3a. Date of Last Report 02/10/1994	
2. Principal Office 863 S.E. 47TH ST		2b. Mailing Address 863 S.E. 47TH ST		4. Filing State 65-0323837		Assigned Fee Not Applicable	
22. City and State Cape Coral, FL		27. City and State Cape Coral, FL		5. Certificate Number (Required) \$8.75 Additional Fee Required		6. Election Campaign Finance and Trade Fund Contribution \$5.00 May Be Added to Fees	
24. 33904		25. LEE		29. 33904		30. FL	
9. Name and Address of Current Registered Agent BRINK, JUDITH A. 1509 SW 50TH ST. SUITE 501 CAPE CORAL FL 33914				10. Name and Address of New Registered Agent FL			

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is eligible for the adoption of the proposed changes to the corporation's articles of incorporation and that the corporation is in good standing with the State of Florida and is not delinquent in the payment of any taxes or fees due to the State of Florida.

12. Signature of Officer or Director P BAUMGARTNER, JERRY L. 1509 SW 50TH ST. CAPE CORAL FL ST BRINK, JUDITH 1509 SW 50TH ST. CAPE CORAL FL		13. Signature of Officer or Director JUDITH A. BRINK	
---	--	--	--

14. I hereby certify that the information supplied with the filing is accurately prepared and filed in compliance with the provisions of the Florida Statutes, Chapter 607, and that the corporation is in good standing with the State of Florida and is not delinquent in the payment of any taxes or fees due to the State of Florida.

SIGNATURE: *Judith A. Brink* *Judith A. Brink* 5/8/95 (813) 542-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR