FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61578 (3)

1. Corporation Name
SOLE PROVIDER, INC.

Principal Place of Business
11401 PINES BLVD.
STE 402
PEMBROKE PINES FL 33026
US

Mailing Address
10911 TAFT ST.
PEMBROKE PINES FL 33026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0353713 — 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

2. Principal Place of Business — 21, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

8. This corporation has an interest [illegible] Yes No

9. Name and Address of Current Registered Agent

WELCH, PAMELA
10911 TAFT ST.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELCH, PAMELA
STREET ADDRESS	10911 TAFT ST.
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE / 1) NAME / 1) STREET ADDRESS / 1) CITY-ST-ZIP		☐ Change ☐ Addition
2) TITLE / 2) NAME / 2) STREET ADDRESS / 2) CITY-ST-ZIP		☐ Change ☐ Addition
3) TITLE / 3) NAME / 3) STREET ADDRESS / 3) CITY-ST-ZIP		☐ Change ☐ Addition
4) TITLE / 4) NAME / 4) STREET ADDRESS / 4) CITY-ST-ZIP		☐ Change ☐ Addition
5) TITLE / 5) NAME / 5) STREET ADDRESS / 5) CITY-ST-ZIP		☐ Change ☐ Addition
6) TITLE / 6) NAME / 6) STREET ADDRESS / 6) CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: [signature] PAMELA WELCH — 4.30.95 — 305.436.1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP