

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64996 (4)

1. Corporation Name
PROVIDER SOLUTIONS CORP.



DO NOT WRITE IN THIS SPACE.

Principal Place of Business 2801 HERON LANE NORTH CLEARWATER FL 34622	Mailing Address 2801 HERON LANE NORTH CLEARWATER FL 34622
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 33762 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 33762 Country
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3. Date Incorporated or Qualified 09/18/1992	4. FEI Number 59-3172109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MILLER, RONALD L
~~2801 HERON LANE NORTH~~
~~CLEARWATER FL 34622~~

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 2801 HERON LANE NORTH	83	84 City	85 Zip Code FL 33762
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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 _____ (Name typed or printed name of registered agent and the applicable (NON) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CTD	NAME MILLER, RONALD L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2801 HERON LANE N.	CITY-ST-ZIP CLEARWATER FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE SD	NAME MILLER, SHEILA L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2801 HERON LANE N.	CITY-ST-ZIP CLEARWATER FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE PD	NAME MILVAIN, BRIAN M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2801 HERON LANE N	CITY-ST-ZIP CLEARWATER FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	0000025620810
		5.4 CITY-ST-ZIP	-06/17/98--01001--031
			***150.00
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

6-15

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.

Ronald L Miller, Director, Inc **813-573-**

CR2E034 (10/97)