

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033669

Entity Name: AMERICAN PROVIDERS, INC.

Current Principal Place of Business:

2000 NW 89TH PLACE
DORAL, FL 33172

Current Mailing Address:

2000 NW 89TH PLACE
DORAL, FL 33172 US

FEI Number: 65-0413066

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LINARES, AMELIA
2000 NW 89 PLACE
DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LINARES, AMELIA
Address 2000 NW 89 PLACE
City-State-Zip: DORAL FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMELIA LINARES

DIRECTOR

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date