

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

1995



DEPARTMENT 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

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240
ALTAMONTE SPGS. FL 32714
US

3. Date of Incorporation	02/11/1992	3a. Date of this request	06/27/1994
4. Filing Number	59-3108453	Approved For	Not Applicable
5. Contribution of Initial Expense	<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. The corporation is liable for ad valorem tax under s. 199.05(2), Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Registered Agent	300 South Jenkins	26. Filing Address	300 South Jenkins
22. State of Origin	OK	27. State of Filing	OK
23. Sallisaw Oklahoma		28. Sallisaw Oklahoma	
24. 74955	25.	29. 74955	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 City or Number and Street Address 83. 84. City
	85. State FL

11. I, the undersigned, the president or chief executive officer of the corporation, hereby certify that the information furnished in this statement for the purpose of filing this registration is true and correct to the best of my knowledge and belief, and that the corporation is a corporation organized under the laws of the State of Florida. I am not a resident of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																																				
<table border="1"> <tr> <td>NAME</td> <td>PD MITCHELL, KELLY O.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 S. JENKINS</td> </tr> <tr> <td>CITY</td> <td>SALLISAW OK</td> </tr> <tr> <td>STATE</td> <td>OK</td> </tr> <tr> <td>ZIP</td> <td>VPST</td> </tr> <tr> <td>NAME</td> <td>MITCHELL, KELLY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 S. JENKINS</td> </tr> <tr> <td>CITY</td> <td>SALLISAW OK</td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP</td> <td></td> </tr> </table>	NAME	PD MITCHELL, KELLY O.	STREET ADDRESS	300 S. JENKINS	CITY	SALLISAW OK	STATE	OK	ZIP	VPST	NAME	MITCHELL, KELLY	STREET ADDRESS	300 S. JENKINS	CITY	SALLISAW OK	STATE		ZIP		NAME		STREET ADDRESS		CITY		STATE		ZIP		NAME		STREET ADDRESS		CITY		STATE		ZIP		<table border="1"> <tr> <td>1. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>2. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3. CITY</td> <td></td> <td></td> </tr> <tr> <td>4. STATE</td> <td></td> <td></td> </tr> <tr> <td>5. ZIP</td> <td></td> <td></td> </tr> <tr> <td>6. NAME</td> <td></td> <td></td> </tr> <tr> <td>7. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>8. CITY</td> <td></td> <td></td> </tr> <tr> <td>9. STATE</td> <td></td> <td></td> </tr> <tr> <td>10. ZIP</td> <td></td> <td></td> </tr> <tr> <td>11. NAME</td> <td></td> <td></td> </tr> <tr> <td>12. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13. CITY</td> <td></td> <td></td> </tr> <tr> <td>14. STATE</td> <td></td> <td></td> </tr> <tr> <td>15. ZIP</td> <td></td> <td></td> </tr> <tr> <td>16. NAME</td> <td></td> <td></td> </tr> <tr> <td>17. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>18. CITY</td> <td></td> <td></td> </tr> <tr> <td>19. STATE</td> <td></td> <td></td> </tr> <tr> <td>20. ZIP</td> <td></td> <td></td> </tr> </table>	1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	2. STREET ADDRESS			3. CITY			4. STATE			5. ZIP			6. NAME			7. STREET ADDRESS			8. CITY			9. STATE			10. ZIP			11. NAME			12. STREET ADDRESS			13. CITY			14. STATE			15. ZIP			16. NAME			17. STREET ADDRESS			18. CITY			19. STATE			20. ZIP		
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14. I hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in s. 199.05(2), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation is a corporation organized under the laws of the State of Florida. I am not a resident of the State of Florida.

SIGNATURE:

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

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

1995



DEPARTMENT OF STATE
CORPORATION DIVISION

DOCUMENT # V13587

(3)

TROPICA BOATS & MARINE, INC.

1509 SW 50TH ST
CAPE CORAL FL 33914
US

1509 SW 50TH ST
CAPE CORAL FL 33914
US

DATE OF THIS REPORT

3. Date of Organization: **02/12/1992**
3a. Date of Last Report: **02/10/1994**

21. Principal Office: **863 S.E. 47th ST**
26. Mailing Address: **863 S.E. 47th ST**

4. Telephone: **65-0323837**
Assigned Fee:
Not Applicable:

22. City & State: **Cape Coral, FL**
27. City & State: **Cape Coral, FL**

5. Certificate Status:
\$8.75 Additional Fee Required

24. **33904** 25. **LEE** 29. **33904** 30. **LEE**

6. Election Campaign:
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Florida Statutes: Yes No

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:
81. Name: _____
82. Street Address: Not Applicable
83. _____
84. _____

FL

11. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and am duly qualified and authorized to execute this report on behalf of the corporation. I am a resident of the State of Florida and am duly qualified and authorized to execute this report on behalf of the corporation.

SIGNATURE

12. NAME AND ADDRESS	13. ADDRESS AND PHONE NUMBER
P BAUMGARTNER, JERRY L. 1509 SW 50TH ST. CAPE CORAL FL ST	
BRINK, JUDITH 1509 SW 50TH ST. CAPE CORAL FL	

14. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and am duly qualified and authorized to execute this report on behalf of the corporation. I am a resident of the State of Florida and am duly qualified and authorized to execute this report on behalf of the corporation.

SIGNATURE: *Judith A. Brink* Judith A. Brink 5/8/95 (813) 542-3146