

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90007 028 \*\*\*550.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **V13148**

PROVIDER HEALTHCARE, INC.



Principal Place of Business: NORTH ELM, LISAW OK 74955  
 Mailing Address: MAT. MADISON, TURNER, DANNA & MCNARY, 150 N. MERAMEC, 4TH FLOOR, CLAYTON MO 63105, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1992**

4. FEI Number: **59-3108453**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property:  Yes  No

2a. Mailing Address: **Mat Madison Turner, Danna Mckitrick**

27. Suite, Apt. #, etc.: **150 N. Meramec, 4th Floor**

28. City & State: **Clayton, MO**

29. Zip: **63105**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

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

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS ST-ZIP	PSD MITCHELL, KELLY 201 NORTH ELM SALLISAW OK 74955 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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 amendment with an address.

SIGNATURE: *[Signature]* **8/30/99** 918-775-6200

CR2E034 (5/99)