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Name History

Name	Name Type
PROVIDER PROFESSIONAL SERVICES, INC.	Legal

Business Corporation - Domestic - Information

Business ID:	724008
Status:	Good Standing
Creation Date:	1/1/2003
State of Incorporation:	MS
Principal Office Address:	645 LAKELAND EAST DR STE 101 FLOWOOD MS 39232
Listing Address:	No Address
Last Annual Report Filed Date:	5/10/2007
Last Annual Report Filed:	2007
Annual Report Month:	January

Registered Agent

Agent Name:	C T CORPORATION SYSTEM
Office Address:	645 LAKELAND EAST DR STE 101 FLOWOOD MS 39232
Mailing Address:	

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