

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28259

FILED
Jan 13, 2011
Secretary of State

Entity Name: FONTAINE & SONS REIMBURSEMENT CONSULTANTS, INC.

Current Principal Place of Business:

1225 S. ELLIS RD
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

1225 S. ELLIS RD
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-2904169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FONTAINE, WILLIAM E., JR.
1225 SOUTH ELLIS RD
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: FONTAINE, WILLIAM E., JR
Address: 1225 SOUTH ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: V
Name: FONTAINE, REBECCA, L
Address: 1225 SOUTH ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: FONTAINE, WILLIAM, E,III
Address: 1225 SOUTH ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: T
Name: FONTAINE, J, RYAN
Address: 1225 SOUTH ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: FONTAINE, JUSTIN, L
Address: 1225 SOUTH ELLIS RD
City-St-Zip: JACKSONVILLE, FL 32205

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: WILLIAM E. FONTAINE, JR.

PRES

01/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date