

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023547 (8)

1. Corporation Name

PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.

Principal Place of Business

13394 NW 8 STREET
MIAMI FL 33182

Mailing Address

P O BOX 8158
CORAL SPRINGS FL 33075-8158

FILED

97 JUL -3 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 7500 NW 1st Ct #207

Suite, Apt. #, etc.

22 207

City & State

23 Plantation FL

Zip

24 33317

Country

25 Broward

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

03/12/1996

3a. Date of Last Report

4. FEI Number

65-0650856

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MAYANS-CAL, FAVIEN
13394 NW 8 STREET
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

VICTORIA CERDA

82 Street Address (P.O. Box Number is Not Acceptable)

7500 NW 1st Ct. #207

83

84 City

Plantation

FL

85

Zip Code

33317

11. 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 not accepting the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME Victoria Cerda

STREET ADDRESS PO Box 8158 (NA)

CITY-ST-ZIP Coral Springs FL 33075

TITLE VP ☐ DELETE

NAME Favien Mayans-Cal

STREET ADDRESS 13394 NW 8th St

CITY-ST-ZIP Miami FL, 33182

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Victoria Cerda

1.3 STREET ADDRESS 7500 NW 1st Ct. #207

1.4 CITY-ST-ZIP Plantation, FL 33317

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 receiver 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 attachment with an address.

SIGNATURE

[Signature]

[Signature] 800 902 2597

CP2E034 (9/96)