

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90004 005 \*\*\*150.00

**DOCUMENT # P96000023547**

1. Corporation Name

**PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.**

Principal Place of Business

**7500 NW 1ST CT. #207  
PLANTATION FL 33317**

Mailing Address

**P O BOX 8158  
CORAL SPRINGS FL 33075**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/12/1996**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 1108 NE 2nd Court**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 Suite B**

Suite, Apt. #, etc.

**27**

City & State

**23 Hallandale, FL**

City & State

**28**

Zip

**24 33009**

Country

**25 Broward**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**CERDA, VICTORIA  
7500 NW 1ST CT. #207  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

**CERDA, VICTORIA**

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

**1108 NE 2nd Court**

83

**Suite B**

84 City

**Hallandale**

**FL**

85 Zip Code

**33009**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Victoria Cerda**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CERDA, VICTORIA**  
STREET ADDRESS **7500 NW 1ST CT. #207**  
CITY-ST-ZIP **PLANTATION FL 33317**

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

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 **CERDA, VICTORIA**  
1.3 STREET ADDRESS **1108 N.E. 2nd Court, Suite B**  
1.4 CITY-ST-ZIP **Hallandale FL 33009**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Victoria Cerda**

Date

**4/12/99**

Daytime Phone #

**(800) 906-2597**

CR2E034 (11/98)

0175844