

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049744

Entity Name: PROVIDER REIMBURSEMENT INC.

Current Principal Place of Business:

257 BRIARWOOD LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P. O. BOX 2404
PONTE VEDRA BEACH, FL 32004-2404 US

FEI Number: 59-3205294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONG, MATTHEW J
257 BRIARWOOD LANE
PONTE VEDRA BEACH, FL 32082 US

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

Officer/Director Detail :

Title	PC	Title	ST
Name	LONG, MATTHEW J	Name	LONG, GRACIELLA A
Address	257 BRIARWOOD LANE	Address	257 BRIARWOOD LANE
City-State-Zip:	PONTE VEDRA BCH. FL	City-State-Zip:	PONTE VEDRA BCH. FL

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: MATTHEW J LONG

PRESIDENT

01/03/2021

Electronic Signature of Signing Officer/Director Detail

Date