

**2015 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, GRACE
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:** LONG, MATTHEW J.

**PRESIDENT**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date