2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# 612675

Entity Name: PROVIDER REIMBURSEMENT CONSULTANTS, INC.

Current Principal Place of Business:

5638 PATSY ANN DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5638 PATSY ANN DRIVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1932647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSCHKOWITZ, BRIAN
5638 PATSY ANN DRIVE
JACKSONVILLE, FL 32207 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: PRES
Name: HERSCHKOWITZ, BRIAN
Address: 5638 PATSY ANN DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: SUSSMAN, HARVEY
Address: 5638 PATSY ANN DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: SCHULTZ, BARRY
Address: 5638 PATSY ANN DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

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: BRIAN HERSCHKOWITZ PRES 01/09/2012

Electronic Signature of Signing Officer or Director — Date