

F07 00000 33/0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

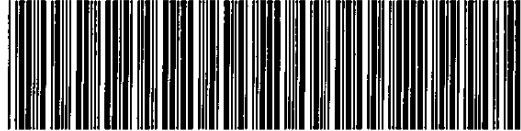
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 JUN 28 P 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JUN 29 2007

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL REIMBURSEMENT OPERATIONS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBIN JONES

(Name of Person)

PROFESSIONAL REIMBURSEMENT OPERATIONS, INC.

(Firm/Company)

11519 OYSTER BAY CIRCLE

(Address)

NEW PORT RICHEY, FL 34654

(City/State/Zip code)

For further information concerning this matter, please call:

ROBIN D JONES

(Name of Person)

at 727-857-2174

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2007

ROBIN D. JONES  
11519 OYSTER BAY CIRCLE  
NEW PORT RICHEY, FL 34654

SUBJECT: PROFESSIONAL REIMBURSEMENT OPERATIONS, INC.  
Ref. Number: W07000026220

We have received your document for PROFESSIONAL REIMBURSEMENT OPERATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist

Letter Number: 807A00037824

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **PROFESSIONAL REIMBURSEMENT OPERATIONS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **ILLINOIS**

(State or country under the law of which it is incorporated)

3. **36-4347799**

(FEI number, if applicable)

4. **02/15/2000**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **11519 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654**

(Principal office address)

**11519 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654**

(Current mailing address)

8. **MEDICAL BILLING SERVICE**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **ROBIN D JONES**

Office Address: **11519 OYSTER BAY CIRCLE**

**NEW PORT RICHEY**

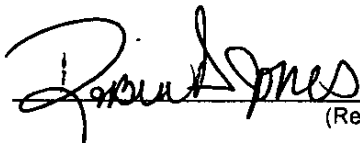
(City)

, Florida **34654**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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2001 JUN 28 P 2:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**A. DIRECTORS**

Chairman: ROBIN D JONES

Address: 11519 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ROBIN D JONES

Address: 11519 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ROBIN D JONES

Address: 11519 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654

Vice President: SAME

Address: \_\_\_\_\_

Secretary: SAME

Address: \_\_\_\_\_

Treasurer: SAME

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Robin D Jones*  
(Signature of Director or Officer listed in number 12 of the application)

14. ROBIN D. Jones Pres  
(Typed or printed name and capacity of person signing application)

**FILED**  
2001 JUN 28 P 2 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

6091-890-2



FILED

2007 JUN 28 P 2:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

PROFESSIONAL REIMBURSEMENT OPERATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0716201234

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JUNE A.D. 2007 .*

*Jesse White*

SECRETARY OF STATE