2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: PROFESSIONAL REIMBURSEMENT OPERATIONS, INC.

Current Principal Place of Business:

11519 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11519 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 36-4347799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ROBIN D
11519 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654 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: CDPV
Name: JONES, ROBIN D
Address: 11519 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ST
Name: JONES, ROBIN D
Address: 11519 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: ROBIN D JONES PRES 01/04/2011

Electronic Signature of Signing Officer or Director Date