2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment

SIGNATURE:

Feb 18, 2008 8:00 am **Secretary of State** DOCUMENT # F07000003917 02-18-2008 90006 012 ***150 00 DEVICE REIMBURSEMENT SERVICES, INC. Principal Place of Business Mailing Address 631 PROGRESS WAY 7500 RIALTO BLVD **BUILDING TWO, SUITE 100** SANFORD, FL 32771 AUSTIN, TX 78735 Principal Place of Business - No P.O. Box # 3. Mailing Address 220 Church St Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-P CR2E034 (12/06) City & State Applied For 4. FFi Number 26-0441119 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President + Director TITLE Delete. TITLE Change Addition Brian Simmons 1500 Rialto Blud Blug Two, Stc 100 NAME RAFFLE, JOHN NAME STREET ADDRESS 7500 RIALTO BLVD., BUILDING TWO, STE 100 STREET ADDRESS Austin TX 78735 CITY-ST-ZIP AUSTIN, TX 78735 CITY-ST-ZIP Secretary Charles York 1500 Rialto Blvd Bug Two, StC 100 TITLE S Delete TITLE Change Change Addition NAME REW, RICHARD NAME STREET ADDRESS 7500 RIALTO BLVD., BUILDING TWO, STE 100 STREET ADDRESS Austin TX 75735 CITY-ST-7IP AUSTIN, TX 78735 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

with all other like empowered.

FILED