


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 00000018376**

1. Name **Medical Reimbursement Services of Florida, Inc**



FILED

04 FEB 13 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Tampa, Florida
Suite, Apt. #, etc.
Suite 916
City & State
Tampa, FL
Zip
33618 Country
Hillsborough

3. Mailing Address
2901 W. Busch Blvd.
Suite, Apt. #, etc.
City & State
Zip Country

600027653816
01/27/04--01016--018 **150.00

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4. FEI Number
59-3636677 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name **Robert J. Myers**
Street Address (P.O. Box Number is Not Acceptable)
1135 Pasadena Ave So. #190
City **St. Petersburg** FL Zip Code
33707

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 **NO Changes** (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE PTSD	NAME Michael B. Osadchey	TITLE	
STREET ADDRESS 38511 US 19 N	STREET ADDRESS Santa Palm Harbor, FL 34684	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VPD	NAME Beverly L. Johnson-Key	TITLE	
STREET ADDRESS 38511 US 19 N	STREET ADDRESS Palm Harbor FL 34684	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael B. Osadchey** 1/19/04 813-933-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)