2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2012
Secretary of State

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Entity Name: HEALTHCARE REIMBURSEMENT, INC.

Current Principal Place of Business:

2241 NW 39TH DRIVE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2241 NW 39TH DRIVE
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-1113306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAYMOND, JOHN J JR
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432 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: STERN, THOMAS D
Address: 2241 NW 39TH DRIVE
City-St-Zip: BOCA RATON, FL 33431 US

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: THOMAS D STERN PRES 03/08/2012

Electronic Signature of Signing Officer or Director Date