

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113949

FILED
Apr 24, 2012
Secretary of State

Entity Name: FLORIDA MEDICAL REIMBURSEMENT SERVICES, INC.

Current Principal Place of Business:

1203 SW 12TH ST
SUITE 3
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1203 SW 12TH ST
SUITE 3
OCALA, FL 34471

New Mailing Address:

FEI Number: 92-0190336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORGRIDGE, RHONDA L
9321 SE 7TH AVE
OCALA, FL 34480 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: P
Name: MORGRIDGE, RHONDA L
Address: 9321 SE 7TH AVE
City-St-Zip: OCALA, FL 34480

Title: VP
Name: MORGRIDGE, ROBERT W
Address: 9321 SE 7TH AVE
City-St-Zip: OCALA, FL 34480

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: RHONDA L. MORGRIDGE

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date