

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90023 035 \*\*\*158.75

**DOCUMENT # P03000122254**

1. Entity Name  
**HEALTHCARE REIMBURSEMENT SOLUTIONS, INC.**



Principal Place of Business  
**1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765 US**

Mailing Address  
**1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765 US**

**54004766**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-0346182**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789**

Name  
**Dawn Bailey**

Street Address (P.O. Box Number is Not Acceptable)

**1723 Carillon Park drive**

City  
**Oviedo**

FL Zip Code  
**32765**

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]*

**1/20/04**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BAILEY, DAWN N  
1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**1/20/04**

**407-366-3557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #