

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122254

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

1890 SR 436  
SUITE 295  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765 US

**New Mailing Address:**

1890 SR 436  
295  
WINTER PARK, FL 32792 US

**FEI Number:** 20-0346182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILEY, DAWN  
1723 CARILLON PARK DRIVE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

BAILEY, DAWN  
2036 SULTAN CIRCLE  
CHULUOTA, FL 32766 US

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:** DAWN BAILEY

04/19/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BAILEY, DAWN N  
**Address:** 1723 CARILLON PARK DRIVE  
**City-St-Zip:** OVIEDO, FL 32765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** BAILEY, DAWN N  
**Address:** 2036 SULTAN CIRCLE  
**City-St-Zip:** CHULUOTA, FL 32766 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** DAWN BAILEY

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date