2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P03000122254

Entity Name: HEALTHCARE REIMBURSEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1890 SR 436
SUITE 295
WINTER PARK, FL 32792 US

New Principal Place of Business:

1890 SR 436
SUITE 201
WINTER PARK, FL 32792 US

Current Mailing Address:

1890 SR 436
295
WINTER PARK, FL 32792 US

New Mailing Address:

1890 SR 436
SUITE 201
WINTER PARK, FL 32792 US

FEI Number: 20-0346182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAILEY, DAWN
2036 SULTAN CIRCLE
CHULUOTA, FL 32766 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/17/2008

Electronic Signature of Signing Officer or Director Date