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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90056 027 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000024817

1. Corporation Name

MEDICAL REIMBURSEMENT SPECIALISTS, INC.

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P	rincipal Place	e of Business	•	Mailing Add	ress								
17	O OCEAN LA	ANE DR -	'	170 OCEAN	LANE DR								
	LITE 508		1	SUITE 508									
	EY BISCAYNE	E FL 33149		KEY BISCAY	NE FL 33149					DO NOT W	/RITE IN THIS	SPACE	
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									04/05/19				
2.	Principat P	lace of Business `		2a. Mailing /	Address			•	4. FEI Numbe	er		- 1	Applied For
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Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 Additional					
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}	City & Stat	te		City & S	tate				6. Election Ca	ampaign Financir	ng ┌ .	\$5.0	0 May Be
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		9. Name and A	Address of Current		ent		┷		10. Name and	Address of Ne	w Registered	Agent	
ļ				P. 18 1 1 1	•		81	Name					
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							84	City	•		FI	85 Zi	ip Code
	to morning	Ap. 6		5.94								<u> </u>	
1	1. Pursuant	to the provisions of	f Sections 607.0502	2 and 607.1508,	Florida Statu	ites, the a	above	-named corp	poration submits th	is statement for t	the purpose of	changing	its registered
1 i	office or r	registered agent, or	r both, in the State of d accept the obligat	of Florida. Such o	change was a	authorize orido Sto	a by ti	tne corporati	ion's board of direc	tors. I nereby ac	cept the appoi	nment as	registered
130	ः agent. । a ९	ım lamılar willi, ali	d accept the obligat	ions or, section t	307.0303; FR	uliua Sia	tutes.						
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		Signature, typed or printe	ed name of registered agen		(NOT			t signature require	ed when reinstating)	· ./	DATE		TO DO 111 40
1:	2.	Signature, typed or printe	OFFICERS AN		(NOT	E: Registere		t signature require		/CHANGES TO			
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: GE