


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000030938 1. Entity Name AMBULANCE REIMBURSEMENT SERVICES, INC.	
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Principal Place of Business 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060-7167	Mailing Address 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060-7167
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0491415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MALCOLM M
351 S. CYPRESS ROAD
SUITE 400
POMPANO BEACH, FL 33060-7167

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, MALCOLM 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 330607167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COHEN, MITCHELL 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 330607167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, ANDREW 351 S. CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 330607167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000119125
04/13/04-80086-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #