FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031973

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90239 009 ***150.00

ANDERS	SON REIMBURSEMENT CO	nsulting group, inc).				
Principal Place	e of Business	Mailing Address				1966) 9960 9909 1699 1699 1698.	İ DOGO HIYI CEDI
511 ORIOLE AVENUE 511 ORIOLE AVENUE							•
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166					DO NOT WR	ITE IN THIS SPACE	
					Date Incorporated or Qualifed		
					04/24/1995		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0578926		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	□ \$5.00	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intangible ☐ Yes	□No
24	9. Name and Address of Curre		30		Personal Property Tax. 10. Name and Address of New		
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Name and Address of New	registored rigent	
PLO	UCHA, LAWRENCE M ESQ.				(0.0 5")		
1940	6 TYLER ST.		82	Street Addr	ess (P.O. Box Number is Not Accept	able)	
HOL	LYWOOD FL 33022-2088		83				
							Codo
			84	City		FL 85 Zip	Code
	to the provisions of Sections 607.051	02 and 607 1508. Florida Statute	es, the above	anamed com	oration submits this statement for the	e purpose of changing its	registered
agent. I a	to the provisions of Sections 607.051 egistered agent, or both, in the State rn familiar with, and accept the obliga	e of Florida. Such change was au ations of, Section 607.0505, Flori	uthorized by t ida Statutes.	the corporation	on's board of directors. I hereby acce	pt the appointment as re	gistered
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State m familiar with, and accept the obligation of the state	ations of, Section 607.0505, Fion	ida Statutes.	•	d when reinstating)	DATE	
agent. I a	rn familiar with, and accept the oblig: Signature, typed or printed name of registered age	ations of, Section 607.0505, Fion	ida Statutes.	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. I a SIGNATURE	m familiar with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE:	Registered Agent	t signature required	d when reinstating)	DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AT P ANDERSON, DAVID P	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE:	Registered Agent 13. 1.1 TITLE	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT P ANDERSON, DAVID P	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST	signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE:	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE	signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.5 STREET 3.5	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	DRS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESSZIPADDRESSZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Name	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607.0505, Flori	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607.0505, Flori	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST	ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607.0505, Flori	13.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607.0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.3 ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607-0505, Flori	Name	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607-0505, Flori	13 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 4.5 T	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607-0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.5 STREET 5.5 CITY-ST 5.5 CI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607-0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STRE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P ANDERSON, DAVID P 511 ORIOLE AVENUE	ations of, Section 607-0505, Flori	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.5 STREET 5.5 CITY-ST 5.5 CI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition

6.4 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 of the reference or justee 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 or an accurate with all other like empowered. CITY-ST-ZIP

SIGNATURE:

305-331-9048