

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047312 (0)

1. Corporation Name

PROFESSIONAL REIMBURSEMENT MANAGERS, INC.



Principal Place of Business

1736 SW 23 TERRACE
MIAMI FL 33145

Mailing Address

1736 SW 23 TERRACE
MIAMI FL 33145

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 3475 SHERIDAN STREET

2a. Mailing Address

26 3475 SHERIDAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 316

27 SUITE 316

City & State

City & State

23 HOLLYWOOD, FL

28 HOLLYWOOD, FL

Zip

Country

Zip

Country

24 33021

25 USA

29 33021

30 USA

4. FEI Number

65-0588339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, MERY
1736 SW 23 TERRACE
MIAMI FL 33145

81 Name

ACOSTA, MERY

82 Street Address (P.O. Box Number is Not Acceptable)

3475 SHERIDAN STREET

83

SUITE 316

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ACOSTA, MERY
STREET ADDRESS 1736 SW 23 TERRACE
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ACOSTA, MERY
1.3 STREET ADDRESS 3475 SHERIDAN ST - SUITE 316
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERY ACOSTA

4/22/96 (954) 967-0107

Date Daytime Phone #

CR2E034 (12/95)