FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

19963-796 B-1962-0

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

DOCUMENT # P95000052500 (2)

1. Corporation Name

SUNBELT REIMBURSEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2400 BEDFORD ROAD ORLANDO FL 32803	2400 BEDFORD ROAD ORLANDO FL 32803

3. Date Incorporated or Qualified: 07/01/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 111 N. Orlando Avenue	26 111 N. Orlando Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 Winter Park, Florida	City & State 28 Winter Park, Florida
Zip / Country 24 32789-3675 25 U.S.A.	Zip / Country 29 32789-3675 30 U.S.A.

4. FEI Number: 59-3327464 ☐ 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
NUTT, WILLIAM G 2400 BEDFORD ROAD ORLANDO FL 32803	81 Name: William G. Nutt (same) 82 Street Address (P.O. Box Number is Not Acceptable): 111 North Orlando Avenue 83 84 City: Winter Park FL 85 Zip Code: 32789-3675

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: William G. Nutt, President — 3-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when operating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D William G. Nutt 633 Crooked Pine Court Apopka, FL 32712 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/D Rhonda Jeffus 1608 Bear Crossing Circle Apopka, FL 32803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	C Mardian J. Blair 1132 Dorchester Street Orlando, FL 32803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Calvin Wiese 185 Springwood Trail Altamonte Springs, FL 32714 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D James R. Gravell, Jr. 3307 Clay Orlando, FL 32804 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: William G. Nutt — 3-1-96 — (407) 975-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #