


FILED

Mar 31 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998				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 111 N. ORLANDO AVENUE WINTER PARK FL 32789-3675			Mailing Address 111 N. ORLANDO AVENUE WINTER PARK FL 32789-3675		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 07/01/1995					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
4. FEI Number 59-3327464				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent NUTT, WILLIAM G 111 N. ORLANDO AVENUE WINTER PARK FL 32789-3675			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD		1.1 TITLE		
NAME	NUTT, WILLIAM G		1.2 NAME		
STREET ADDRESS	633 CROOKED PINE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	TD		2.1 TITLE		
NAME	HANCOCK, J. LARRY		2.2 NAME		
STREET ADDRESS	058 PRINCESS GATE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	C		3.1 TITLE		
NAME	BLAIR, MARDIAN J		3.2 NAME		
STREET ADDRESS	1132 DORCHESTER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP		
TITLE	D		4.1 TITLE		
NAME	WIESE, CALVIN		4.2 NAME		
STREET ADDRESS	185 SPRINGWOOD TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP		
TITLE	D		5.1 TITLE		
NAME	GRAVELL, JAMES R		5.2 NAME		
STREET ADDRESS	3307 CLAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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

President

3/18/98

(407) 975-1410

CR2E034 (10/97)