

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

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90017 049 ***150.00

DOCUMENT # P95000052500

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

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME NUTT, WILLIAM G
STREET ADDRESS 633 CROOKED PINE COURT
CITY-ST-ZIP APOPKA FL 32712

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME HANCOCK, J. LARRY
STREET ADDRESS 058 PRINCESS GATE BLVD.
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME BLAIR, MARDIAN J
STREET ADDRESS 1132 DORCHESTER STREET
CITY-ST-ZIP ORLANDO FL 32803

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WIESE, CALVIN
STREET ADDRESS 185 SPRINGWOOD TRAIL
CITY-ST-ZIP ALTAONTE SPRINGS FL 32714

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME GRAVELL, JAMES R
STREET ADDRESS 3307 CLAY
CITY-ST-ZIP ORLANDO FL 32804

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *William G. Nutt* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Nutt, President

1/25/99

Date

(407) 647-4400

Daytime Phone #

CR2E034 (11/98)

0081257