PROFIT
CORPORATION
ANNUAL REPORT
1998



## FLORIDA DEPARTMENTOF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000023547 (8)

## PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.

Principal Place of Business 13394 NW 8 STREET

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

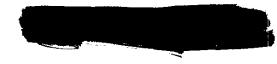
NAME

Malling Address

P O BOX 8158

98 AUG 18 AM 11: 58 ELUALTARY OF STATE TALLAHASSEE, FLORIDA

FILED



MIAMI FL 33182				CORAL SPRINGS FL 33075						DO NOT WRITE IN THIS SPACE				
										3. Date incorporated or Qualified	3a. D	ate of Last [	Report	
										03/12/1996	6	115/	97	
2. Principal Place of Business 2a. Mailing Address										4. FEI Number		A	pplied For	
21					26					65-06508	56		ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional equired		
City & State					City & State					6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution		•	to Fees		
Zip	Zip Country			7	Zip Cou			,		8. This corporation owes or has pa	id the <b>cu</b>	rrent year In	tangible	
24		25		29		30				Personal Property Tax due June			X No	
9. Name and Address of Current Registered Agent							<b> </b>			10. Name and Address of New Re	gistered	Agent		
	<del>wans c</del> al		•				81	Name		ctoria Cerda				
,	<del>394 NW 0 (</del>						82	Street	Addres	s (P.O. Box Number is Not Acceptate	le)			
- MIAMI FL 33162							_			soo NW Ist C	<b>壮</b>	207		
l							83						i	
							84	City	ρl	antation	FL	85 Zip	Code 23/7	
11. Pursuant	to the provis	ions of Secti	ons 607.0502 a	nd 607	.1508, Florida Sta	itutes, the a	bove	-named	corpor	ation submits this statement for the p				
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. If the State of Florida, Social change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a copy the obligations of Section 607.0505, Florida Statutes.														
SIGNATURE								nt signature	required	when reinstating)	DATE	-// 0		
12.	OFFICERS AND				****					ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE					☐ DELETE	1.1 TI	TLE			esident		☐ Change	Add tion	
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64 CITY-ST-ZIP 14. I do 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 changes or on an attachment with an address.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE