

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

28 AUG 18 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000023547 (8)**  
1. Corporation Name  
**PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.**

Principal Place of Business  
**13394 NW 8 STREET  
MIAMI FL 33182**

Mailing Address  
**P O BOX 8158  
CORAL SPRINGS FL 33075**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1996</b>	3a. Date of Last Report <b>5/15/97</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0650856</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~MAYANS-CAL, FAVEN~~  
~~13394 NW 8 STREET~~  
~~MIAMI FL 33182~~

10. Name and Address of New Registered Agent

81 Name **Victoria Cerda**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7500 NW 1st Ct #207**  
83  
84 City **Plantation** FL 85 Zip Code **33317**

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]*

**7/27/98**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>President</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Victoria Cerda</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>7500 NW 1st Ct #207</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>	2.2 NAME	<b>700002624447--8</b>
STREET ADDRESS	<b>Favien Mayans-Cal</b>	2.3 STREET ADDRESS	<b>-08/25/98--01022--034</b>
CITY-ST-ZIP	<b>13394 NW 8th St</b>	2.4 CITY-ST-ZIP	<b>****160.00 ****160.00</b>
CITY-ST-ZIP	<b>Miami FL 33182</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 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 changed, or on an attachment with an address.

CR2024/407

**7/27/98**