

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
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90004 005 ***150.00

DOCUMENT # P96000023547

1. Corporation Name

PHYSICIANS QUALITY REIMBURSEMENT SERVICES, INC.

Principal Place of Business

**7500 NW 1ST CT. #207
PLANTATION FL 33317**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

65-0650856

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

21 1108 NE 2nd Court

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27

City & State

23 Hallandale, FL

City & State

28

Zip

24 33009

Country

25 Broward

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CERDA, VICTORIA
7500 NW 1ST CT. #207
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

CERDA, VICTORIA

82 Street Address (P.O. Box Number is Not Acceptable)

1108 NE 2nd Court

83

Suite B

84 City

Hallandale

FL

85 Zip Code

33009

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 **Victoria Cerda**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CERDA, VICTORIA**
STREET ADDRESS **7500 NW 1ST CT. #207**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **CERDA, VICTORIA**
1.3 STREET ADDRESS **1108 N.E. 2nd Court, Suite B**
1.4 CITY-ST-ZIP **Hallandale FL 33009**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria Cerda **4/12/99** **(800) 906-2597**

Date

Daytime Phone #

CR2E034 (11/98)

0175844