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

**PROFIT** CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600078306 (3)

MEDPRO REIMBURSEMENT & MANAGEMENT, INC.

## **FILED** May 14 1997 8:00am Secretary of State

Principal Place of Business 8501 NW 54 ST. LAUDERHILL FL 33319	Mailing Address 6501 NW 54 ST. LAUDERHILL FL 33319-7	7262		
			3. Date Incorporated or Qualified 09/20/1996	3a. Date of Last Report
2. Principal Place of Business	28. Mailing Address	26027	4. FEI Number	Applied For
1 Suite, Apt. #, etc.	26 P. 0. 60x 3 Suite, Apt. #, etc.	(VUX )	59 - 3403461  5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
3	28 Tamarac,		(1001)	Added to Fees
Zip Country	Zip 29 333 Q0	Country 30 BROWARD	8. This corporation has liability for int Florida Statutes	angible tax under s. 199.032, Yes
	ss of Current Registered Agent	1501 - 1000 11 - 1	10. Name and Address of New Regi	
MONTESINO, RINCCI		81 Name		
8501 NW 54 ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable	)
LAUDERHILL FL 33319		83		
		[83]		
		84 City		FL 85 Zip Code
I. Pursuant to the provisions of Secti	ons 607.0502 and 607.1508, Florida Sta	tutes, the above-named co	rporation submits this statement for the pur	rpose of changing its registered
office or legistered agent for both agent. I am Jamiliar with sent acce	, in the State of Florida. Such change wa out the obligations of, Section 607.0505,	is authorized by the corpora Florida Statutes.	rporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
IGNATURE /	Rincel Montesino	- President		
Silgnatury typical or printed name	of registered agent and title if applicable. (N	IOTE Registered Agent signature req	ared when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
2. OF	FICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Additio
AME MONTESINO, RINC		12 NAME		
MICHAEL MICHAE				
		1.3 STREET ADDRESS		
REELADORESS   6501 NW 54 ST.	319	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
REELADORESS 6501 NW 54 ST. LAUDERHILL FL 33				Change Addilio
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ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name led, or on an attachment with an address. Lam an officer or director appears in Block 12 or B

HEOMBED

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