## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 15, 2000 8:00 am Secretary of State DOCUMENT # **P96000078306** MEDPRO REIMBURSEMENT & MANAGEMENT, INC. 08-15-2000 90019 045 \*\*\*150.00 Principal Place of Business Mailing Address 6501 NW 54 ST. P.O. BOX 26027 LAUDERHILL FL 33319 TAMARAC FL 33320 A0072764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3403461 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTESINO, RINCCI Street Address (P.O. Box Number is Not Acceptable) 6501 NW 54 ST. LAUDERHILL FL 33319 Zip Code City FL mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE DATE yped or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition DPS ☐ Defete TITLE TITLE NAME MONTESINO, RINCCI NAME STREET ADDRESS STREET ADDRESS 6501 NW 54 ST. CITY-ST-7IP CITY-ST-ZIF LAUDERHILL FL 33319 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental peoplt 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 to stee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an audiess, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIF

Attachment Doctt: 081500 P96000078306 P0072764

MedPro Reimbursement & Mgmt. Inc.

P. O. Box 26027 † Lauderhill, FL 33319 Phone (954)975-0021 Fax (954)975-7545

August 3, 2000

Division of Corp P. O. Box 6327 Tallahassee, FL 32314

Re: FEI #59-3403461

Dear Sirs,

Attached, please find our check #2378 in the amount of \$150.00 along with our UBR for year 2000. As per my conversation with your agent this morning, I am writing you this letter to explain that I never received the original report that was sent out in January. I thank you for allowing us to file at the original filing fee and for not penalizing our corporation.

Very truly yours,

Ripcci Montesino

President