

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90060 027 ***150.00

DOCUMENT # P97000083522

1. Entity Name
MEDICAL REIMBURSEMENT SYSTEMS, INC.



Principal Place of Business
**9150 S.W. 87TH AVENUE
STE 100
MIAMI FL 33176
US**

Mailing Address
**9150 S.W. 87TH AVENUE
STE 100
MIAMI FL 33176
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

100 NW 170th ST #301-1

3. Mailing Address

100 N.W. 170th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301-1

301-1

City & State

City & State

NORTH MIAMI BEACH, FL

NORTH MIAMI BEACH, FL

Zip

Zip

Country

Country

33169

U.S.A

33169

U.S.A

4. FEI Number **65-0786122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, GRETCHEN
3320 TORREMOLINOS
MIAMI FL 33178**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JENSEN, GERTCHEN**
STREET ADDRESS **9150 S.W. 87TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **LEVY, J. HARRIS M.D.**
STREET ADDRESS **1541 BRICKELL AVE., SUITE 3602**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **VIGO, VANESSA**
STREET ADDRESS **14848 S.W. 176TH STREET**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/24/03 305-653-6500

Date

Daytime Phone #

CR2E034 (10/02)