

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000005437

1. Entity Name
OPTIMAL REIMBURSEMENT SERVICES, INC.



Principal Place of Business
**1811 TOBE WAY
GRAND RIDGE, FL 32442**

Mailing Address
**1811 TOBE WAY
GRAND RIDGE, FL 32442**



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3551604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CHRIS
1811 TOBE WAY
GRAND RIDGE, FL 32442**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P
JOHNSON, ANDREA
1811 TOBE WAY
GRAND RIDGE, FL 32442**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VP
JOHNSON, PAULA
2744 WATERBERRY LANE
GRAND RIDGE, FL 32442**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**S
JOHNSON, PAULA
2744 WATERBERRY LANE
GRAND RIDGE, FL 32442**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**T
JOHNSON, CHRIS
181 TOBE WAY
GRAND RIDGE, FL 32442**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2004 850-592-2949