

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-09-2003 90044 004 ***150.00

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

55052123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3551604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHRIS

1811 TOBE WAY

GRAND RIDGE FL 32442

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ANDREA 1811 TOBE WAY GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, PAULA 2744 WATERBERRY LANE GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PAULA 2744 WATERBERRY LANE GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, CHRIS 1811 TOBE WAY GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paula Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03

Date

850-592-2419

Daytime Phone

CR2E034 (4/03)

attachment

55052123
#P9900000543C

OPTIMAL REIMBURSEMENT SERVICES, INC
1811 TOBE WAY
GRAND RIDGE, FLORIDA 32442
850-592-2949

JULY 2, 2003

TO: FL. DEPT STATE, DIVISION OF CORPORATIONS

I AM WRITING THIS LETTER IN REGARDS TO THE 2003 UNIFORM BUSINESS REPORT LATE NOTICE RECEIVED TODAY. I HAVE NOT RECEIVED THIS REPORT, THIS IS A RURAL AREA AND I CAN ONLY SUSPECT THAT IT WAS NOT DELIVERED BY THE MAIL CARRIER OR LOST IN THE MAIL.

I AM SENDING THE ORIGINAL \$150.00 FILING FEE IN WITH THIS LETTER, AND REQUESTING THE LATE FEE BE WAIVED. YOUR ASSISTANTS IN THIS MATTER WOULD BE APPRECIATED.

THANK YOU



PAULA JOHNSON