

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078306

Entity Name: MEDPRO REIMBURSEMENT & MANAGEMENT, INC.

Current Principal Place of Business:

8474 WATERFORD AVE
TAMARAC, FL 33321

Current Mailing Address:

8474 WATERFORD AVE
TAMARAC, FL 33321 US

FEI Number: 59-3403461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTESINO, RINCCI R
8474 WATERFORD AVE
TAMARAC, FL 33321 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DPS
Name MONTESINO, RINCCI R
Address 8474 WATERFORD AVE
City-State-Zip: TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RINCCI MONTESINO

PRES/OWNER

04/17/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date