

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L05712

FILED
Mar 21, 2005
Secretary of State

Entity Name: MEDICAL CLAIMS PROCESSORS GROUP, INC.

Current Principal Place of Business:

P O BOX 8063
JUPITER, FL 334688063

New Principal Place of Business:

Current Mailing Address:

P O BOX 8063
JUPITER, FL 334688063

New Mailing Address:

FEI Number: 65-0152362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, ELAINE C.
725 N HWY A1A
SUITE E-103
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

HINES, ELAINE C.
725 N HWY A1A
SUITE E-202
JUPITER, FL 33477 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: ELAINE C. HINES

03/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINES, ELAINE C.,
Address: 725 N HWY A1A SUITE E-103
City-St-Zip: JUPITER, FL 33477

Title: V () Delete
Name: HINES, STEPHANIE B.,
Address: 725 N HWY A1A SUITE E-103
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HINES, ELAINE C.,
Address: 725 N HWY A1A SUITE E-202
City-St-Zip: JUPITER, FL 33477

Title: V (X) Change () Addition
Name: HINES, STEPHANIE B.,
Address: 725 N HWY A1A SUITE E-202
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE C. HINES

PRES

03/21/2005

Electronic Signature of Signing Officer or Director

Date