

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05712

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** MEDICAL CLAIMS PROCESSORS GROUP, INC.

**Current Principal Place of Business:**

725 N HWY A1A  
SUITE E-202  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 8063  
JUPITER, FL 334688063 US

**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-202  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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: ELAINE C. HINES

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date