

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044679 (7)

1. Corporation Name

~~NATIONAL MEDICAL CLAIMS, INC.~~
NATIONAL MED E-CLAIMS, Inc *correct*



Principal Place of Business

Mailing Address

1734 SHARON RD
TALLAHASSEE FL 32303

1734 SHARON RD
TALLAHASSEE FL 32303

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3192990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

CLINE, LINDA H
1734 SHARON RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: CLINE, LINDA H
STREET ADDRESS: 1734 SHARON RD
CITY-ST-ZIP: TALLAHASSEE FL 32303
 DELETE

TITLE: D
NAME: EWING, SHANNON L
STREET ADDRESS: 1734 SHARON RD
CITY-ST-ZIP: TALLAHASSEE FL 32303
 DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

2.1 TITLE: SAULS, SHANNON L Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 1734 SHARON ROAD
2.4 CITY-ST-ZIP: TALLAHASSEE, FL

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS: 800001836778
-05/23/96--01027--024
***200.00

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:
5/24/96 JL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda H. Cline

LINDA H. CLINE

4-24-96 904-385-4190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)