

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000019716 (4)**

1. Corporation Name:
MEDICAL MANAGEMENT OF CLAIMS, INC.



Principal Place of Business 100 SECOND AVE S SUITE 704 ST PETERSBURG FL 33701	Mailing Address 100 SECOND AVE S SUITE 704 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1951 RAYMOND DIETL BUS. LN. Suite, Apt. #, etc. 22 SUITE D City & State 23 TALLAHASSEE FL Zip 24 32308 Country 25 USA	2a. Mailing Address 26 1951 RAYMOND DIETL BUS. LN. Suite, Apt. #, etc. 27 SUITE D City & State 28 TALLAHASSEE FL Zip 29 32308 Country 30 USA	3. Date Incorporated or Qualified 02/21/1997 4. FEI Number 59-34-28937 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GIBBS, B. GRAY 100 SECOND AVE S SUITE 704 ST PETERSBURG FL 33701	10. Name and Address of New Registered Agent 81 Name JOSEPH J. AUDIE JR 82 Street Address (P.O. Box Number is Not Acceptable) 1951 RAYMOND DIETL BUSINESS LANE 83 SUITE D 84 City TALLAHASSEE FL 85 Zip Code 32308
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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 **JOSEPH J. AUDIE JR** **PRESIDENT** **5-1-98**
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE PRESIDENT <input type="checkbox"/> DELETE NAME JOSEPH J. AUDIE JR STREET ADDRESS CITY-ST-ZIP SAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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14. 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 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 **JOSEPH J. AUDIE JR** **5-1-98** **850-385-4441**

CR2E034 (10/97)