

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90093 015 ***150.00

DOCUMENT # P97000019716

1. Entity Name

MEDICAL CLAIMS MANAGEMENT, INC.

Principal Place of Business

**1951 RAYMOND DIEHL BUSINESS LANE
 SUITE D
 TALLAHASSEE FL 32308**

Mailing Address

**1951 RAYMOND DIEHL BUSINESS LANE
 SUITE D
 TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3472 WEEMS ROAD

3. Mailing Address

3472 WEEMS ROAD

(Suite) Apt. #, etc.

2

(Suite) Apt. #, etc.

2

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3428937

Applied For

Not Applicable

Zip

32317

Country

LEON

Zip

32317

Country

LEON

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUDIE, JOSEPH L JR

1051 RAYMOND DIEHL BUSINESS LANE

SUITE D

TALLAHASSEE FL 32308

Name

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

3472 WEEMS ROAD UNIT 2

City

TALLAHASSEE

FL

Zip Code

32317

8. 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

[Signature]

2-21-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **AUDIE, JOSEPH L JR**
 STREET ADDRESS **1051 RAYMOND DIEHL BUS. LN., STE D**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
 NAME **3472 WEEMS ROAD UNIT 2**
 STREET ADDRESS **TALLAHASSEE FL 32317**
 CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

850 553-4644

Daytime Phone #

CR2E034 (9/01)

Attachment
MCM MAXCARE
A DIVISION OF MCM
p97000019716

February 21, 2002

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Gentlemen;

I am enclosing the 2002 Uniform Business Report on behalf of Medical Claims Management, Inc. along with the filing fee of \$150. Should you have any questions regarding the above or the enclosed, please do not hesitate to call me.

Sincerely,



Joseph J. Audie, Jr.
President

Giving you control of your health.

3472 Weems Road, Suite 2 • Tallahassee, Florida 32317 • Phone 1-850-553-4644 • Fax 1-850-385-4104 •
www.MCMMaxcare.com