

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019716

FILED
Apr 02, 2012
Secretary of State

Entity Name: MEDICAL CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

3472 WEEMS RD
SUITE 2
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

3472 WEEMS RD
SUITE 2
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3428937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AUDIE, JOSEPH J JR
3472 WEEMS RD SUITE 2
TALLAHASSEE, FL 32317 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: PD
Name: AUDIE, JOSEPH J JR
Address: 3472 WEEMS RD UNIT 2
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP
Name: MARY, WEAVER
Address: 3472 WEEMS ROAD SUITE 2
City-St-Zip: TALLAHASSEE, FL 32317

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: JOSEPH J AUDIE JR

PD

04/02/2012

Electronic Signature of Signing Officer or Director

_____ Date