

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05712

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

**Current Principal Place of Business:**

725 N HWY A1A  
SUITE D-102  
JUPITER, FL 33477

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC7759482374**

**Current Mailing Address:**

P O BOX 8063  
JUPITER, FL 33468-8063 US

**FEI Number: 65-0152362**

**Certificate of Status Desired: No**

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

HINES, ELAINE C.  
725 N HWY A1A  
SUITE D-102  
JUPITER, FL 33477 US

*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

**Officer/Director Detail :**

Title            P  
Name            HINES, ELAINE C.  
Address        725 N HWY A1A SUITE D-102  
City-State-Zip: JUPITER FL 33477

Title            V  
Name            O'SULLIVAN, STEPHANIE B.  
Address        725 N HWY A1A SUITE D-102  
City-State-Zip: JUPITER FL 33477

*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**

**PRESIDENT**

**04/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date