

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072934

Entity Name: MEDICAL CLAIMS AND COLLECTIONS, INC.

Current Principal Place of Business:

18522 SECTION ST
FAIRHOPE, AL 36532

Current Mailing Address:

PO BOX 2687
DAPHNE, AL 36526 US

FEI Number: 65-1123567

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, JONATHAN SP
13130 WESTLINKS TERRACE
8
FORT MYERS, FL 33913 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 SD
Name JONES, FAYE L
Address 13130 WESTLINKS TERRACE #8
City-State-Zip: FORT MYERS FL 33913

Title PTD
Name JONES, J. SCOTT
Address 13130 WESTLINKS TERRACE #8
City-State-Zip: FORT MYERS FL 33913

Title D
Name JONES, THOMAS J
Address 13130 WESTLINKS TERRACE #8
City-State-Zip: FORT MYERS FL 33913

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: J. SCOTT JONES

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date