

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000019716

**Entity Name:** MEDICAL CLAIMS MANAGEMENT, INC.

**Current Principal Place of Business:**

3472 WEEMS RD  
SUITE 2  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

3472 WEEMS RD  
SUITE 2  
TALLAHASSEE, FL 32317

**FEI Number:** 59-3428937

**Certificate of Status Desired:** No

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

AUDIE, JOSEPH JJR  
3472 WEEMS RD SUITE 2  
TALLAHASSEE, FL 32317 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 PD  
Name AUDIE, JOSEPH JJR  
Address 3472 WEEMS RD UNIT 2  
City-State-Zip: TALLAHASSEE FL 32317

Title VP  
Name MARY, WEAVER  
Address 3472 WEEMS ROAD SUITE 2  
City-State-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

**PRESIDENT**

**02/18/2019**

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

\_\_\_\_\_  
Date