2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
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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	Title	VP
Name	AUDIE, JOSEPH JJR	Name	MARY, WEAVER
Address	3472 WEEMS RD UNIT 2	Address	3472 WEEMS ROAD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32317	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 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date