

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Murfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001870 (2)

1. Corporation Name

MCS - MEDICAL CLAIMS SPECIALISTS, INC.

Principal Place of Business

3425 S.W. 69TH AVENUE
MIAMI FL 33155

Mailing Address

3425 S.W. 69TH AVENUE
MIAMI FL 33155-3740

FILED
May 16 1997 8:00am
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PARDINAS, MADELYN L
3425 S.W. 69TH AVENUE
MIAMI FL 33155

3. Date Incorporated or Qualified

04/16/1996

3a. Date of Last Report

4. FEI Number

65-0632506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Solis Barbara

82 Street

201 SW 60 AVENUE

83

84 City

MIAMI, FL

FL

33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barbara Solis

(NOTE: Registered Agent signature required when reinstating)

DATE

06/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME PARDINAS, MADELYN L
STREET ADDRESS 3425 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME SOLIS, BARBARA C
STREET ADDRESS 3425 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME SOLIS, JULIO E
STREET ADDRESS 3425 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME PARDINAS, OTTO J
STREET ADDRESS 3425 S.W. 69TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

201 S.W. 60 AVE
MIAMI, FL 33144

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

201 S.W. 60 AVE
MIAMI, FL 33144

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Solis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/97

Daytime Phone #

(305) 267-3315

0209834

CR2E034 (9/96)