

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2004 08:00 AM  
Secretary of State

DOCUMENT # F97000006285

1. Entity Name  
MEDICAL CLAIMS SERVICE, INC.



Principal Place of Business  
300 CONGRESS ST.  
QUINCY, MA 02169

Mailing Address  
ONE WALL STREET STE 2A  
RAVENSWOOD, WV 26164



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-2589529

Applied For  
Not Applied

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PTDC  
MCKELVEY, WILLIAM G  
118 BRIGANTINE CIRCLE  
NORWELL, MA 02061

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SDC  
MCKELVEY, KARIN K  
118 BRIGANTINE CIRCLE  
NORWELL, MA 02061

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
JOHNSON, SHIRLEY A  
55590 ST RTE 124  
PORTLAND, OH 45770

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000009679  
01/21/04-80022-022 158.75

DO NOT WRITE  
IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William A. McKelvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04

617-471-410

Date

Daytime Phone #