

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006285

Entity Name: MEDICAL CLAIMS SERVICE, INC.

FILED
Feb 22, 2005
Secretary of State

Current Principal Place of Business:

300 CONGRESS ST.
QUINCY, MA 02169

New Principal Place of Business:

Current Mailing Address:

ONE WALL STREET STE 2A
RAVENSWOOD, WV 26164

New Mailing Address:

FEI Number: 04-2589529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: MCKELVEY, WILLIAM G
Address: 118 BRIGANTINE CIRCLE
City-St-Zip: NORWELL, MA 02061

Title: SDC () Delete
Name: MCKELVEY, KARIN K
Address: 118 BRIGANTINE CIRCLE
City-St-Zip: NORWELL, MA 02061

Title: V () Delete
Name: JOHNSON, SHIRLEY A
Address: 55590 ST RTE 124
City-St-Zip: PORTLAND, OH 45770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDC (X) Change () Addition
Name: MCKELVEY, WILLIAM G
Address: 389 MAIN STREET
City-St-Zip: HINGHAM, MA 02043

Title: SDC (X) Change () Addition
Name: MCKELVEY, KARIN K
Address: 389 MAIN STREET
City-St-Zip: HINGHAM, MA 02043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM G. MCKELVEY

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date