

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006285

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: MEDICAL CLAIMS SERVICE, INC.

## Current Principal Place of Business:

300 CONGRESS ST.  
QUINCY, MA 02169

## New Principal Place of Business:

115 CONTINUUM DRIVE  
LIVERPOOL, NY 13088

## Current Mailing Address:

ONE WALL STREET STE 2A  
RAVENSWOOD, WV 26164

## New Mailing Address:

115 CONTINUUM DRIVE  
LIVERPOOL, NY 13088

FEI Number: 04-2589529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: KLEIN, DAVID H  
Address: 165 COURT STREET  
City-St-Zip: ROCHESTER, NY 14647

Title: SEC ( ) Delete  
Name: BOOTH, CHRISTOPHER C  
Address: 165 COURT STREET  
City-St-Zip: ROCHESTER, NY 14647

Title: PRES ( ) Delete  
Name: PRZESIEK, DAVID T  
Address: 300 CONGRESS STREET  
City-St-Zip: QUINCY, MA 02169

Title: TREA ( ) Delete  
Name: DUDA, EMIL D  
Address: 165 COURT STREET  
City-St-Zip: ROCHESTER, NY 14647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change ( ) Addition  
Name: OSIER, JOAN  
Address: 115 CONTINUUM DRIVE  
City-St-Zip: LIVERPOOL, NY 13088

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALLISON D. PARKER

DIR

07/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date