2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F97000006285

Entity Name: MEDICAL CLAIMS SERVICE, INC.

Current Principal Place of Business:

115 CONTINUUM DRIVE
LIVERPOOL, NY 13088

New Principal Place of Business:

Current Mailing Address:

115 CONTINUUM DRIVE
LIVERPOOL, NY 13088

New Mailing Address:

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

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: OSIER, JOAN
Address: 115 CONTINUUM DRIVE
City-St-Zip: LIVERPOOL, NY 13088

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: COHEN, GREGORY A
Address: 115 CONTINUUM DRIVE
City-St-Zip: LIVERPOOL, NY 13088

Title: PRES ( ) Change (X) Addition
Name: PLATAS, GUS A
Address: 165 COURT STREET
City-St-Zip: LIVERPOOL, NY 13088

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: JOAN M. OSIER VP 03/18/2009

Electronic Signature of Signing Officer or Director — Date