FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:05

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G83211 (4)

1. Corporation Name
AMERICAN MEDI-CLAIMS, INC.

Principal Place of Business	Mailing Address
17755 US 19 NORTH, SUITE 220 CLEARWATER FL 34624	17755 US 19 NORTH, SUITE 220 CLEARWATER FL 34624

3. Date Incorporated or Qualified: 02/03/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc: 22
Suite, Apt. #, etc: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: 59-2364705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

O'NEIL, RITA L
1811 WEATHERSTONE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 office 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 _____ Signature typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	O'NEIL, RITA L	1.2 NAME	RITA L O'NEIL
STREET ADDRESS	1811 WEATHERSTONE	1.3 STREET ADDRESS	1811 WEATHERSTONE
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	VTD	2.1 TITLE	— ☒ Change ☐ Addition
NAME	SEIBERT, FLOYD W.	2.2 NAME	FLOYD W SEIBERT
STREET ADDRESS	29 SUMMIT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	T/S ☒ Change ☐ Addition
NAME		3.2 NAME	KARIN GILLEY-MEYERS
STREET ADDRESS		3.3 STREET ADDRESS	1308 WOODCREST AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] RITA L O'NEIL 4-14-95 813-538-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[illegible] CP