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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 MAY 24 PM 12:52

DOCUMENT # H88387 (6)

1. Corporation Name
MEDICAL CLAIMS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7855 SW 104 ST. STE. 220 MIAMI FL 33156 US	P. O. BOX 560576 MIAMI FL 33056-0576 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1985
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business
21: 9300 S. DADELAND BLVD
22 Suite, Apt. #, etc.: SUITE # 404
23 City & State: MIAMI - FL
24 Zip: 33156
25 Country: DADE

2a. Mailing Address
26: PO BOX 560580
27 Suite, Apt. #, etc.:
28 City & State: MIAMI FL
29 Zip: 33256-0580
30 Country: USA

4. FEI Number: 59-2612901 ☐ 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

LACHANCE, MARIE-FRANCE N.
~~7740 SW 59TH AVE~~
~~SOUTH~~ MIAMI FL 33143 NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name: LACHANCE, MARIE-FRANCE N.
82 Street Address (P.O. Box Number is Not Acceptable): 8250 SW 115 STREET
83:
84 City: MIAMI, FL 33143 FL 85 Zip Code: 33143

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: M. Lachance 5/17/95
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	PVS	11 TITLE		☐ Change ☐ Addition
NAME	LACHANCE, MARIE-FRANCE N	12 NAME		
STREET ADDRESS	8250 SW 115 STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	SMITH, JAMES W.	22 NAME	DELETE	
STREET ADDRESS	8250 SW 115 STREET	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	LACHANCE, CHRISTIAN J.	32 NAME	DELETE	
STREET ADDRESS	4802 BERKLEY MEWS	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: M. Lachance M. LACHANCE 5/17/95 (305) 670-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431771 FP