

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34696

FILED
Apr 07, 2005
Secretary of State

Entity Name: MEDICAL CLAIMS PROCESSING, INC.

Current Principal Place of Business:

5626 ATLANTIC AVE N.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

5626 ATLANTIC AVE NORTH
ST. PETERSBURG, FL 33703

Current Mailing Address:

5626 ATLANTIC AVE N.
ST. PETERSBURG, FL 33703

New Mailing Address:

5626 ATLANTIC AVE NORTH
ST. PETERSBURG, FL 33703

FEI Number: 59-2914080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOHLFELDER, PETER
5626 ATLANTIC AVE NO
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

WOHLFELDER, PETER
5626 ATLANTIC AVE NORTH
ST PETERSBURG, FL 33703 US

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:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOHLFELDER, PETER,
Address: 5626 ATLANTIC AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP () Delete
Name: WOHLFELDER, TIM
Address: 5626 ATLANTIC AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: DST () Delete
Name: WOHLFELDER, NORMA JA, NE
Address: 5626 ATLANTIC AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOHLFELDER, PETER,
Address: 5626 ATLANTIC AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP (X) Change () Addition
Name: WOHLFELDER, TIMOTHY
Address: 5626 ATLANTIC AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

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: PETER WOHLFELDER

P/D

04/07/2005

Electronic Signature of Signing Officer or Director

Date