

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34696

FILED
Apr 04, 2011
Secretary of State

Entity Name: MEDICAL CLAIMS PROCESSING, INC.

Current Principal Place of Business:

5626 ATLANTIC AVE NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

5626 ATLANTIC AVE NORTH
ST. PETERSBURG, FL 33703

New Mailing Address:

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 NORTH
ST PETERSBURG, FL 33703 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

OFFICERS AND DIRECTORS:

Title: PD
Name: WOHLFELDER, PETER III
Address: 5626 ATLANTIC AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP
Name: WOHLFELDER, NORMA JANE
Address: 5626 ATLANTIC AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: DST
Name: WOHLFELDER, NORMA JANE
Address: 5626 ATLANTIC AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: PETER WOHLFELDER

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date