

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105633

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL CLAIMS UNLIMITED, LLC

**Current Principal Place of Business:**

2720 SOMERSET DRIVE #W402  
LAUDERDALE LAKES, FL 33311

**New Principal Place of Business:**

1512 NW 15TH TERRACE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

2720 SOMERSET DRIVE #W402  
LAUDERDALE LAKES, FL 33311

**New Mailing Address:**

1512 NW 15TH TERRACE  
FT LAUDERDALE, FL 33311

**FEI Number:** 45-3092555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMAS, ROXANNE Y  
2720 SOMERSET DRIVE #W402  
LAUDERDALE LAKES, FL 33311 US

**Name and Address of New Registered Agent:**

THOMAS, ROXANNE Y  
1512 NW 15TH TERRACE  
FT LAUDERDALE, FL 33311 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: ROXANNE Y THOMAS

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMAS, ROXANNE Y  
Address: 1512 NW 15TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: MGRM  
Name: HANKERSON, QUITNEY J  
Address: 1512 NW 15TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: QUITNEY J HANKERSON

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date