

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90096 013 \*\*\*150.00

**DOCUMENT # L84809**

1. Entity Name

CLAIMCARE USA, INC.



Principal Place of Business

P O BOX 15430  
PLANTATION FL 33318

Mailing Address

P O BOX 15430  
PLANTATION FL 33318



2. Principal Place of Business - No P.O. Box #

2121 SW 52ND DR

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Plantation FL

City & State

Zip

Country

33317

Broward

Zip

Country

4. FEI Number

65-0291912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZELEZNIK, STEPHEN  
2121 S.W. 52ND DR  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZELEZNIK, ANNE	
STREET ADDRESS	2121 S.W. 52ND DRIVE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZELEZNIK, STEPHEN	
STREET ADDRESS	2121 S.W. 52ND DRIVE	
CITY- ST- ZIP	PLANTATION FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZELEZNIK, MELISSA	
STREET ADDRESS	826 NW 79TH TERR	
CITY- ST- ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #