

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90140 020 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0291912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Zeleznik, Stephen**

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

**1505 S. University Dr**

City

**Plantation**

FL

Zip Code

**33324**

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 reinstating)

DATE

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

**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ZELEZNIK, ANNE**  
STREET ADDRESS **2121 S.W. 52ND DRIVE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33317**

TITLE **ST** ☐ Delete  
NAME **ZELEZNIK, STEPHEN**  
STREET ADDRESS **2121 S.W. 52ND DRIVE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **(T)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary (S)** ☐ Change ☒ Addition  
NAME **Melissa Zeleznik**  
STREET ADDRESS **826 N.W. 78th Ave**  
CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

**Stephen Zeleznik**

**1/15/03 (954) 321-8443**

Daytime Phone #

CR2E034 (10/02)