FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # M57712 (5)

1. Corporate Name
MEDICAL CLAIMS AND COLLECTIONS, INC.

Principal Office Address
1926 HOLLYWOOD BLVD.
SUITE 323
HOLLYWOOD FL 33020

Mailing Address
1926 HOLLYWOOD BLVD
SUITE 323
HOLLYWOOD FL 33020

For Filing Officer Use Only

3. Date Incorporated or Qualified: 08/18/1987
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 59-2831860 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has agreed to comply with the provisions of Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
KOVACS, STEPHEN
1926 HOLLYWOOD BLVD.
SUITE 323
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505, Florida Statutes, the undersigned hereby affirms the statement in the previous or changed registered office or registered agent on file in the State of Florida has been changed as indicated in the corporate Annual Report or Amendment to the corporate Annual Report filed with the Department of State. Therefore, I hereby affirm the appointment of a registered agent for service of process in Florida.

SIGNATURE

12. ADDITIONAL OFFICERS AND DIRECTORS
P
NAME: KOVACS, STEPHEN
ADDRESS: 1926 HOLLYWOOD BLVD #323
CITY: HOLLYWOOD FL
ST
NAME: THOMAS, JOHN W.
ADDRESS: 1926 HOLLYWOOD BLVD #323
CITY: HOLLYWOOD FL

13. ADDITIONAL OFFICERS AND DIRECTORS
[ ] Change [ ] Add/Del

14. I hereby certify that the individuals listed with the prior annual report, or last report if no prior annual report has been filed, to be the officers and directors of the corporation, the number of directors authorized to serve on the board of directors, the principal place of business, the mailing address, the registered office address and the registered agent and their addresses are correct.

SIGNATURE: Stephen J. Kovacs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 305 922-0755
DATE TELEPHONE NUMBER

0080313 CP