

FILED
Feb 24 1998 8:00am
Secretary of State

DOCUMENT # M99257 (1)
1. Corporation Name
MEDICLAIM SERVICE, INC.

[REDACTED]

3. Date Incorporated or Qualified		09/19/1988	
4. FEI Number		Applied For	
65-0078589		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
FL	85 Zip Code

SIGNATURE		
Signature, typed or printed name of registered agent and title (applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD GURBUZ, GERALDINE 927 TROPIC BLVD DELRAY BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.1 NAME
STREET ADDRESS			2.2 STREET ADDRESS
CITY - ST - ZIP			2.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.1 NAME
STREET ADDRESS			3.2 STREET ADDRESS
CITY - ST - ZIP			3.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.1 NAME
STREET ADDRESS			4.2 STREET ADDRESS
CITY - ST - ZIP			4.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.1 NAME
STREET ADDRESS			5.2 STREET ADDRESS
CITY - ST - ZIP			5.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.1 NAME
STREET ADDRESS			6.2 STREET ADDRESS
CITY - ST - ZIP			6.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			7.1 NAME
STREET ADDRESS			7.2 STREET ADDRESS
CITY - ST - ZIP			7.3 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Gregory M. Gaudin 2/25/98 04215-2252

CP2E034 (10/97)