

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90100 029 ***150.00

01:29:50 AV

DOCUMENT # P00000025716

1. Entity Name
MANAGED CARE CLAIM SERVICES, INC.

Principal Place of Business
800 PARKVIEW DR. SUITE 203
HALLANDALE FL 33009

Mailing Address
800 PARKVIEW DR. SUITE 203
HALLANDALE FL 33009

2. Principal Place of Business
10081 PINES BLVD
 Suite, Apt. #, etc.
SUITE-A

3. Mailing Address
P.O. BOX 151
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL
 Zip
33024
 Country

City & State
HALLANDALE, FL
 Zip
33008
 Country

4. FEI Number **65-0993750**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAJORS, DARREN J
800 PARKVIEW DR, SUITE 203
HALLANDALE FL 33009

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAJORS, DARREN J	
STREET ADDRESS	800 PARKVIEW DR, SUITE 203	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEON, RICHARD A	
STREET ADDRESS	3081 NW 47TH TERR, APT 211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE	ITD	<input type="checkbox"/> Delete
NAME	OLIPHANT, JON	
STREET ADDRESS	5660 COLLINS AVE., APT 4C	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

12. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

1/8/2002

Date

954-433-3720

Daytime Phone #

CR2E034 (9/01)