

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90995 043 ***150.00

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DOCUMENT # P01000022306

1. Entity Name

ASSOCIATED HEALTH CLAIMS, INC.

Principal Place of Business

**3617 CROWN POINT ROAD STE #1
 JACKSONVILLE FL 32257**

Mailing Address

**3617 CROWN POINT ROAD STE #1
 JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

Country

32241-4668

Country

USA

4. FEL Number

59-3710838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, MEREDITH A
 3617 CROWN POINT ROAD STE #1
 JACKSONVILLE FL 32257**

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

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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTIN, THERESA PO BOX 24668 JACKSONVILLE FL 32241-4668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, SCOTT D PO BOX 24668 JACKSONVILLE FL 32241-4668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

2/24/02

904

288-8999

Theresa Martin

Daytime Phone #

CR2E034 (9/01)