FILED Aug 08, 2003 8:00 am Secretary of State

0009312	
Ą	

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name CLAIMMASTERS		0063914				08-08-2003 9009	•		
Principal Place of Business 801 WEST STATE ROAD 436 STE 2209 ALTAMONTE SPRINGS FL 32714		Mailing Address 801 WEST STATE ROAD 436 STE 2209 ALTAMONTE SPRINGS FL 32714							
2. Principal Place of Business 3. Mailir		3. Mailing Address	tiling Address			}			
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City 8		City & State	& State		4.	4. FEI Number 59-3726226 Applied For Not Applicable			
Zip	Country	Zip	Coun	untry		Certificate of Status Desired	\$8.75 Ac	Iditional	
6. Na	me and Address of Current	Registered Agent			7. (Name and Address of New Regis	· ·		
DASSA, ERIC C 801 WEST STATE ROAD 436 STE 2209			~	Street Address (P.O. Box Number is Not Acceptable)					
ALTAMONTE SPRINGS FL 32714			City			FL Zip Coo	de		
the obligations of re	gistered agent.	Dele (N	Jany 1	,	vde	ent, or both, in the State of Florida.	I am familiar with	, and accept	
After September	W!!! FEE IS \$550.00 10, 2003 Fee will be \$750 e to Florida Department of					9. Election Campaign Financia Trust Fund Contribution.		00 May Be ed to Fees	
STREET ADDRESS 801 WE	OFFICERS AND EK, MARY A PRES. IST STATE ROAD 436 STE DNTE SPRINGS FL 32714	☐ Delete		ı	AC	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	AS IN 11	
TITLE VP NAME DASSA, STREET ADDRESS 801 WE	, ERIC C V.P. ST STATE ROAD SUITE # DNTE SPRINGS FL 32714	□ Delete 2209		1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ □ Delete			J.		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ſ			☐ Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	t the information supplied with	Delete	CITY	E ET ADDRESS -ST-ZIP	Section	119.07(3)(i), Florida Statutes. I furth	Change	Addition	

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: MEGATURE BEGINNE OF SIGNING OFFICER OR DIRECTORY AND PHYSICAL SIGNING OFFICER OR DIRECTORY

Attachment# \$0137271 P01000063914

CLAIMMASTERS, INC. 801 WEST STATE ROAD 436 SUITE 2209 ALTAMONTE SPRINGS, FLORIDA 32714 (407) 862-7699

August 1, 2003

To Whom It May Concern:

I am sending this letter with an attached check in the amount of \$158.75 for pay ment of our UBR taxes. Please accept our apology on not sending this fee sooner.

This is the first time I've ever received a notice or bill for this tax. For about six months we were having trouble with our mail. We are a medical billing company and work with a number of different doctor groups. It seemed that everytime we put in an address change for one of our doctors using our address, our company mail would stop coming or be sent to the doctor's address that left our group. It took quite a while to get this all straightened out. So far so good. We haven't run into a problem in about six weeks.

Again I apologize for not sending this payment sooner. I would appreciate you accepting this check as payment in full. I have also included an additional \$8.75 in this check for a certificate of status. If any other information is needed please call me at the above listed phone number.

Thank you so much for your help in this matter. Have a Great Day!!

Sincerely,

Mary Ann Rydelek

Mary ann Bydelek

President