

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072934

FILED
Mar 10, 2005
Secretary of State

Entity Name: MEDICAL CLAIMS AND COLLECTIONS, INC.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD.
220
FORT MYERS, FL 33919 US

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD.
220
FORT MYERS, FL 33919 US

New Principal Place of Business:

13130 WESTLINKS TERRACE
8
FORT MYERS, FL 33913 US

New Mailing Address:

13130 WESTLINKS TERRACE
8
FORT MYERS, FL 33913 US

FEI Number: 65-1123567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JONATHAN S V.P.
1520 ROYAL PALM SQUARE BLVD
220
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

JONES, JONATHAN S P
13130 WESTLINKS TERRACE
8
FORT MYERS, FL 33913 US

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: JONATHAN S. JONES

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JONES, FAYE L
Address: 1520 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: VTD () Delete
Name: JONES, J. SCOTT
Address: 1520 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: JONES, THOMAS J
Address: 1520 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JONES, FAYE L
Address: 13130 WESTLINKS TERRACE #8
City-St-Zip: FORT MYERS, FL 33913

Title: PTD (X) Change () Addition
Name: JONES, J. SCOTT
Address: 13130 WESTLINKS TERRACE #8
City-St-Zip: FORT MYERS, FL 33913

Title: D (X) Change () Addition
Name: JONES, THOMAS J
Address: 13130 WESTLINKS TERRACE #8
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN S. JONES

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03/10/2005

Electronic Signature of Signing Officer or Director

Date