

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072934

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MEDICAL CLAIMS AND COLLECTIONS, INC.

**Current Principal Place of Business:**

28810 HWY 98  
D  
DAPHNE, AL 36526 US

**New Principal Place of Business:**

18522 SECTION ST  
FAIRHOPE, AL 36532 US

**Current Mailing Address:**

PO BOX 2687  
DAPHNE, AL 36526 US

**New Mailing Address:**

**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 P  
13130 WESTLINKS TERRACE  
8  
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** JONES, FAYE L  
**Address:** 13130 WESTLINKS TERRACE #8  
**City-St-Zip:** FORT MYERS, FL 33913

**Title:** PTD  
**Name:** JONES, J. SCOTT  
**Address:** 13130 WESTLINKS TERRACE #8  
**City-St-Zip:** FORT MYERS, FL 33913

**Title:** D  
**Name:** JONES, THOMAS J  
**Address:** 13130 WESTLINKS TERRACE #8  
**City-St-Zip:** FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: J. SCOTT JONES

P

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date