2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P01000072934

Entity Name: MEDICAL CLAIMS AND COLLECTIONS, INC.

Current Principal Place of Business:

18522 SECTION ST
FAIRHOPE, AL 36532 US

New Principal Place of Business:

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

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: JONATHAN JONES P 02/16/2011

Electronic Signature of Signing Officer or Director Date