

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000004389

1. Entity Name
MEDICAL CLAIMS SOLUTIONS, SANDRA L. CUEVA, INC.



Principal Place of Business
620 QUAIL KEEP DRIVE
SAFETY HARBOR, FL 34695

Mailing Address
620 QUAIL KEEP DRIVE
SAFETY HARBOR, FL 34695

FILED
Apr 01, 2005 08:00 AM
Secretary of State



03242005 No Chg-P CR2E034 (10/03)

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4. FEI Number
05-0553412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVA, SANDRA L
620 QUAIL KEEP DRIVE
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CUEVA, SANDRA
620 QUAIL KEEP DRIVE
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001282784
04/01/05-80001-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra L. Cueva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03242005

(727) 725-1717

Date

Daytime Phone #