

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90116 045 ***150.00

DOCUMENT # P02000015890

1. Entity Name
PROFESSIONAL MEDICAL CLAIMS SERVICE, INC.



Principal Place of Business
**3315 FOXRIDGE CIRCLE
TAMPA FL 33618**

Mailing Address
**3315 FOXRIDGE CIRCLE
TAMPA FL 33618**



2. Principal Place of Business

3315 FOXRIDGE CIR

3. Mailing Address

3315 FOXRIDGE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

02-0557985

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOENECK, MARY
3315 FOXRIDGE CIRCLE
TAMPA FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHOENECK, MARY**
STREET ADDRESS **3315 FOXRIDGE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HENRY, JOHN D**
STREET ADDRESS **7021 PEGGY MACLANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHOENECK, STEPHEN**
STREET ADDRESS **3315 FOXRIDGE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

MARY SCHOENECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/03

813-264-9000

CR2E034 (10/02)