

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045942

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: MEDICAL CLAIMS SOLUTION OF S.E. FLA, INC.

## Current Principal Place of Business:

6850 LANDINGS DR. #205  
LAUDERHILL, FL 33319

## New Principal Place of Business:

617 S STATE ROAD 7  
APT #1-I  
MARGATE, FL 33068

## Current Mailing Address:

6850 LANDINGS DR. #205  
LAUDERHILL, FL 33319

## New Mailing Address:

617 S STATE ROAD 7  
APT 1-I  
MARGATE, FL 33068

FEI Number: 20-1267227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESCOUFLAIR, BETINA  
6850 LANDINGS DR. #205  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

LESCOUFLAIR, BETINA  
617 S STATE ROAD 7  
APT 1-I  
MARGATE, FL 33068 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:

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LESCOUFLAIR, BETINA  
Address: 6850 LANDINGS DR. #205  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: LESCOUFLAIR, LVADIMIR  
Address: 6850 LANDINGS DR. #205  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: NEMOURS, LUCIA  
Address: 350 NE 141 ST.  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LESCOUFLAIR, BETINA  
Address: 617 S STATE ROAD 7, APT 1-I  
City-St-Zip: MARGATE, FL 33068

Title: D (X) Change ( ) Addition  
Name: LESCOUFLAIR, VLADIMIR  
Address: 617 S STATE ROAD 7, APT 1-I  
City-St-Zip: MARGATE, FL 33068

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETINA LESCOUFLAIR

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date