

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045942

FILED  
Jul 06, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

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: 617 S STATE ROAD 7, APT 1-I  
City-St-Zip: MARGATE, FL 33068

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

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

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

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 Chapter 119, 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

07/06/2006

Electronic Signature of Signing Officer or Director

Date