

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165903

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** NETWORK CLAIMS SOLUTIONS INC.

**Current Principal Place of Business:**

3014 VIA RIALTO ST.  
STE.100  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

3014 VIA RIALTO ST.  
STE.100  
FT. MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 20-3988372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOESLEY, RANDY J  
3014 VIA RIALTO ST.  
STE.100  
FORT MYERS, FL 33905 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: P  
Name: HOESLEY, RANDY J  
Address: 3014 VIA RIALTO ST.  
City-St-Zip: FT. MYERS, FL 33905

Title: VP  
Name: HOESLEY, MELISSA L  
Address: 3014 VIA RIALTO ST.  
City-St-Zip: FT. MYERS, FL 33905

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: RANDY HOESLEY

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date