

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143391

FILED  
Apr 14, 2007  
Secretary of State

**Entity Name:** CODING AND CLAIMS SOLUTIONS, INCORPORATED

**Current Principal Place of Business:**

13701 BRUCE B. DOWNS BOULEVARD  
SUITE #110  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47389  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-5859505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RATURI, UMESH  
13701 BRUCE B. DOWNS BOULEVARD  
SUITE #110  
TAMPA, FL 33613 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: BUCK, DAWN  
Address: 13701 BRUCE B. DOWNS BOULEVARD, SUITE #110  
City-St-Zip: TAMPA, FL 33613

Title: C ( ) Delete  
Name: RATURI, UMESH  
Address: 13701 BRUCE B. DOWNS BOULEVARD, SUITE #110  
City-St-Zip: TAMPA, FL 33613

Title: COO ( ) Delete  
Name: TRENT, SUSAN  
Address: 24419 MISTWOOD COURT  
City-St-Zip: LUTZ, FL 33559

**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:** UMESH RATURI

C

04/14/2007

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

\_\_\_\_\_  
Date