

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000098289

FILED
Jun 03, 2011
Secretary of State

Entity Name: MEDICAL CLAIMS AUDITORS, INC.

Current Principal Place of Business:

550 BILTMORE WAY
SUITE 1200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
SUITE 1200
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 45-2451962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, SHARON
550 BILTMORE WAY
SUITE 1200
CORAL GABLES, FL 33134 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: LAPADULA, DANIEL
Address: 550 BILTMORE WAY - SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ST
Name: CARLSON, SHARON
Address: 550 BILTMORE WAY - SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134 US

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: SHARON CARLSON

S/T

06/03/2011

Electronic Signature of Signing Officer or Director

Date