FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30198 (6)

CLAIMSPRO HEALTH CLAIMS SERVICES, INC.

Principal Office	Mailing Address
24370 NORTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US	24370 ~~24670~~ NORTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated	3a. Date of Last Report
07/19/1990	05/01/1994

2a. 26 24370 Northwestern

4. FEI Number: 38-2885258 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
P	LIEBOWITZ, BRUCE 24370 NORTHWESTERN HWY #350 SOUTHFIELD MI
ST	LIEBOWITZ, GLENN 24370 NORTHWESTERN HWY #350 SOUTHFIELD MI
V	KLEIN, RONALD J 6297 TIMBERWOOD N. WEST BLOOMFIELD MI 48322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14.

SIGNATURE: [signature] 5/4/95 (810) 352-2852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Liebowitz / Sec-Treas

0466932 FP