## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

CLAIMSPRO HEALTH CLAIMS SERVICES, INC.

**FILED** May 06 1998 8:00am Secretary of State

Principal Place of Business  24370 NORTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US  24370 NORTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US  3. Date Incorporated or Qualified 07/19/1990  2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 27  City & State City & State  28. Certificate of Status Desired Fee Required  6. Election Campaign Financing Frust Fund Contribution Added to Fees  27  Zip Country Zip Country Zip Country S. This corporation owes or has paid the current year Intangible								
P.O. BOX STY US US USUMPRED MI 40075 US			· ·		A TORNING IND THE ORIGINATION AND AND AND AND AND AND AND AND AND AN	Mit Athli Athli Athli Athli Jaht		
SOUTHFIELD MI 48075 US  SUB-APICE DIM 48075 US  2. Principal Place of Business 2. A. Mailing Austress 2. Principal Place of Business 2. Subs. Apit. 8. etc. 2. City & State 3. Date incorporated or Custiness of State Desired   Residence For Regulators For Regulato								
2. Principal Pace of Business	SOUTHFIELD MI 48075		SOUTHFIELD MI 48075		DO NOT WRITE IN THIS SPACE			
Sulte, Apt. 4, etc.    26   Sulte, Apt. 4, etc.   27   City & State   28   City & State   29   Country   29   Country   29   Country   29   Country   29   29   Country   29   20   20   20   20   20   20   20	US	_	US					
Suite Apt #, 4fc   22	<del></del>	ace of Business	2a. Mailing Address				Applied For	
City & State    27			· · · · · · · · · · · · · · · · · · ·			38-2885258		
City & State  2p				#, etc.		5. Certificate of Status Desired		
20   Country   Repair   Addition   Additio						C Floation Companies Financias		
Zip   Country   Zip   Sol   Country   Zip   Sol   Country   St. This corporation ower or has haid the current year inlamplible   Parsonal Property Tax due June   Sol   Sol   None   No.   No.   None   No.   No.   None   No.			hera i					
28   28   28   29   Personal Property Tax due June 30   10   10   10   10   10   10   10		Country		Country	/			
CT CORPORATION SYSTEM 1200 8. PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Sity  FL 85 Zip Code  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Sity  FL 85 Zip Code  87 Sity  FL 85 Zip Code  88 Sity  FL 85 Zip Code  89 Sity  FL 85 Zip Code  80 Sity  FL 85 Zip Code  81. Pursuant to the provisions of Sections 607 0509, And 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. I am Image and accept the obligators of, Section 607 0509, Holida Statutes  81 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  82 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  83 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  84 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  85 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  86 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  86 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  87 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  88 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  9 Signature, systed in principle of the obligators of, Section 607 0509, Holida Statutes  9 Signature, system of principle of the obligators of, Section 607 0509, Holida Statutes  9 Signature, system of principle of the obligators of the ob	24			30				
### Street Address (P.O. Box Number is Not Acceptable)  ### City			Registered Agent		,	10. Name and Address of New Registere	d Agent	
PLANTATION FL 33324    B3					Name			
11. Pursuant to the provisions of Sections 607 0502 and 607 1506 Etunis Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foreids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent, or both, and accept the obligations of, Section 607 0505, Horida Statutes.  SIGNATURE  12.				82	Street Add	tress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent, or both, in this State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, or both, in the state authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the directors. I hereby accept the appointment as registered directors. I hereby accept the directors.	PU	ANTATION FL 33324		80				
Pursuant to the provisions of Sections 607.0502 and 607.1508 Fluvida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes agent, and the following the provision of Sections 607.0505, Florida Statutes.    Signature				63				
11. Pursuant to the provisions of Sections 607 0507 1508 Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes    SIGNATURE				84	City		85 Zip Code	
Agent: Lam terminar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12.								
SIGNATURE   Signature, type-3 or prints i name of registered agent and level flaguations   (MOLE Registered Agent signature registered when reinstating)   DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered							
Signature, Specific by period manifer the projections (NOTE Registered Agen signature required when nonstating)   DATE								
TITLE	SIGNATURE	Signature, typed or printed name of registered agent	uired when reinstating) DATE					
NAME STREET ADDRESS CITY-ST-ZP SOUTHFIELD MI TITLE ST UEBOWITZ, GLENN 24370 NORTHWESTERN HWY #350 STREET ADDRESS CITY-ST-ZP TITLE V TITLE T T TITLE T T T T T T T T T T T T T T T T T T		OFFICERS AND	···	13.		ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS CITY-ST-7P SOUTHFIELD MN  TITLE ST UEBOWITZ, GLENN STREET ADDRESS CITY-ST-7P SOUTHFIELD MN  22 NAME 23 STREET ADDRESS CITY-ST-7P  TITLE V LEBOWITZ, GLENN 24 370 NORTHWESTERN HWY \$350 SOUTHFIELD MI 22 NAME 23 STREET ADDRESS CITY-ST-7P  TITLE V KLEIN, RONALD J 32 NAME 32 NAME 42 NAME 33 STREET ADDRESS CITY-ST-7P  TITLE NAME 42 NAME 43 STREET ADDRESS CITY-ST-7P  TITLE NAME 43 STREET ADDRESS CITY-ST-7P  TITLE NAME 53 STREET ADDRESS CITY-ST-7P  TITLE DELETE 51 TITLE NAME 53 STREET ADDRESS CITY-ST-7P  TITLE DELETE 61 TITLE NAME 53 STREET ADDRESS CITY-ST-7P  TITLE NAME 53 STREET ADDRESS CITY-ST-7P  TITLE DELETE 61 TITLE NAME 53 STREET ADDRESS CITY-ST-7P  Change Addition Addition Change C		(IEDOWITZ BOLICE	☐ DELETE		•		☐ Change ☐ Addition	
SOUTHFIELD MI  TITLE  ST  UEBOWITZ, GLENN  24370 NORTHWESTERN HWY #350  SOUTHFIELD MI  22 NAME  23 STREET ADDRESS  SOUTHFIELD MI  24 CITY-ST-ZIP  TITLE  V  DELETE  31 TITLE  V  LEIN, RONALD J  6297 TIMBERWOOD N.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1 TITLE  4 2 NAME  4 2 NAME  4 2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1 TITLE  1 Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition	A4070 MONTHAUTOTEDM LINO		#250					
TITLE  NAME  4370 NORTHWESTERN HWY \$350  CITY-ST-ZIP  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS	COUNTRIES D. AR		#300	l l			إ	
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS				_	ST-ZIP		Change D Addition	
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREE		_ ·					C ontaings C Modifical	
SOUTH-FIELD MI  2.4 CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  WEST BLOOMFIELD MI 48322  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  DELETE  4.1 TITLE  4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  OBLIETE  6.1 TITLE  OBLIETE  6.3 STREET ADDRESS			#350		ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE D		<b>SOUTHFIELD MI</b>						
STREET ADDRESS CITY-ST-ZIP WEST BLOOMFIELD MI 48322 34. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS		<u> </u>	☐ DFLETE				Change Addition	
CITY-ST-ZIP   WEST BLOOMFIELD MI 48322   34. CITY-ST-ZIP	NAME			3.2 NAME	1			
DELETE	STREET ADDRESS			3.3 STREET	ADDRESS			
NAME		MEST RECOMPLETO WI 48355		_	ST-ZIP			
STREET ADDRESS   43 STREET ADDRESS   44 CITY-ST-ZIP   141 CITY-S	i <b>1</b>		☐ DELETE	***************************************			☐ Change ☐ Addition	
A 4 CITY-ST-ZIP	' -							
DELETE	i .							
NAME			DELETE		ST-ZIP		Change Addition	
STREET ADDRESS			C) better				C cuante C vanimum	
CITY-ST-ZIP					VUUBEGG			
TITLE DELETE 6.1 TITLE Change Addition  NAME STREET ADDRESS 6.3 STREET ADDRESS	I							
NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS			☐ DELET <b>E</b>		11 £11		Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS								
	1	_		1	ADDRESS			
				1				

14. Thereby certify that the information indicated on this armual report of officer or director of the consoration Block 12 or Block 13 if classified, o pupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplied that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the regression or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ichment with an address.