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1. Entity Name CLAIMSPRO HEALTH CLAIMS SERVICES, INC.					FILE	FN	
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Principal Place of Business Mailing Address					- 000 0		
24370 NORTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US		24370 NOTHWESTERN P.O. BOX 577 SOUTHFIELD MI 48075 US			SECRETARY TALLAHASSE	OF STATE E FLORIDA	1
lace of Busir	ness	3. Mailing Address					
#, etc.		Suite, Apt. #, etc.		R	EINSTANEIN	TRIS SPACE	
City & State		City & State					Applied For
	Country	Zip	Country 				Additional
6. Name	and Address of Current R	egistered Agent	Nama	7.	Name and Address of New Regis	tered Agent	
S. PINE I	ISLAND ROAD	Mailing Address 24370 NOTH-WESTERN P.O. BOX 577 SOUTH-FIELD MI 49075 US 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 5 201/38 9 - 38-2885258 - Not Applied For Not Applicable Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Stroet Address (P.O. Box Number is Not Acceptable) City City City City City FL Zip Code Country City FL Zip Code Country City					
			City			FL Zip C	Code
named entit	y submits this statement for	the purpose of changing its	registered office	or registered a	agent, or both, in the State of Florida.		
Clas	udea Z. M	Deari.	CATONR	A	.'	127100	
Signature, typed	or printed name of registered agent ar	d title if applicable (NOT	E: Registered Agent sign			DATE	
Tax filing requirement and elects to do so. After SEPTEMBER 13		3, 2000 Min wil	i be \$750.00				
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