

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90312 007 \*\*\*150.00

**DOCUMENT # P30198**

1. Entity Name

~~CLAIMSPRO HEALTH CLAIMS SERVICES, INC.~~  
*Claimspro Management Services, Inc.*

Principal Place of Business

24370 NORTHWESTERN  
P.O. BOX 577  
SOUTHFIELD MI 48075  
US

Mailing Address

24370 NORTHWESTERN  
P.O. BOX 577  
SOUTHFIELD MI 48075  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2113898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LIEBOWITZ, BRUCE**  
STREET ADDRESS **24370 NORTHWESTERN HWY #350**  
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CEO**  
NAME **WEISHAR, GREGORY S**  
STREET ADDRESS **695 GEORGE WASHINGTON HWY**  
CITY-ST-ZIP **LINCOLN RI 02865**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
NAME **KLEIN, RONALD J**  
STREET ADDRESS **6297 TIMBERWOOD N.**  
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T/C**  
NAME **BUCKLEY, JOHN M**  
STREET ADDRESS **695 GEORGE WASHINGTON HWY**  
CITY-ST-ZIP **LINCOLN RI 02865**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
NAME **LANKOWSKY, ZENON P**  
STREET ADDRESS **695 GEORGE WASHINGTON HWY**  
CITY-ST-ZIP **LINCOLN RI 02865**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AS**  
NAME **MOFFATT, THOMAS S**  
STREET ADDRESS **695 GEORGE WASHINGTON HWY**  
CITY-ST-ZIP **LINCOLN RI 02865**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce Liebowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01

Date

248-352-2852

Daytime Phone #

CR2E034 (10/00)



Corporate Office  
24370 Northwestern Hwy.  
Southfield, Michigan 48075  
248-352-2852  
1-800-837-9600  
Fax 248-352-3714

September 19, 2000

Attachment  
#P 30198

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

520094

RE: State License Renewal

Dear Sir:

Please accept our sincere apologies for the delay in responding to renew our license. Claimspro Health Claims Services, Inc. has been purchased by PharmaCare, Inc. and is now a subsidiary of PharmaCare. PharmaCare, Inc. is a subsidiary of CVS Corporation.

Our company name has been changed from Claimspro Health Claims Services, Inc. to Claimspro Management Services, Inc. Our new tax ID# is 52-2211389. Although our corporate office is still located in Michigan, we are now a Delaware corporation.

As a subsidiary of PharmaCare, we needed to ascertain whether the renewal needed to be done out of PharmaCare's office or ours. The decision has been made that Claimspro Management Services, Inc. will be responsible for submitting all license renewals. I have enclosed the completed paperwork and payment for fees.

Once again, I apologize for any inconvenience our unavoidable delay has caused. Please feel free to contact me direct at (877) 208-9311 with any questions you may have. Thank you.

Sincerely:

Donna McCullough, Supervisor of Accounting  
Claimspro Management Services, Inc.

Enclosure

COPY