

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39843** (8)
1. Corporation Name
MEDICARE CLAIM SERVICES, INC.



Principal Place of Business
**2101 TRIPLETT ST.
OWENSBORO KY 42303**

Mailing Address
**2101 TRIPLETT ST.
OWENSBORO KY 42303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1992	
21		26		4. FEI Number 61-1026428	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GIORDANO, THOMAS 1525 E ROBINSON ST ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81 Name	Bonnie L. Soland		
82 Street Address (P.O. Box Number is Not Acceptable)	1915 Eastview Drive		
83			
84 City	Sun City Center	85 Zip Code	FL 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Bonnie L. Soland* **4/20/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CRIPPS, STEPHEN R	1.2 NAME	Frank E Cripps
STREET ADDRESS	3945 KRISTAL LANE	1.3 STREET ADDRESS	2469 So. Hampton Rd.
CITY-ST-ZIP	OWENSBORO KY 42303	1.4 CITY-ST-ZIP	Owensboro, KY 42303
TITLE	ST	2.1 TITLE	
NAME	SIGLER, ANN R	2.2 NAME	
STREET ADDRESS	4384 IRELAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWENSBORO KY 42303	2.4 CITY-ST-ZIP	
TITLE	CVP	3.1 TITLE	
NAME	CRIPPS, FRANK E	3.2 NAME	
STREET ADDRESS	2469 S. HAMPTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWENSBORO KY 42303	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ann R Sigler* **4/29/98** (502) 601-2123

CP2E034 (10/97)