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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39843

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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-1026428	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SOLAND, BONNIE L
1915 EASTVIEW DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

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

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

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	D	1.1 TITLE	
NAME	CRIPPS, STEPHEN R	1.2 NAME	
STREET ADDRESS	2469 SOUTH HAMPTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OWENSBORO KY 42303	1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

502 684 3123

Date

Daytime Phone #

CR2E034 (11/98)