# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:42

DOCUMENT # **P93000039866 (7)**

1. Corporation Name

**ELECTRONIC CLAIMS PROCESSING SYSTEMS AND SERVICE S, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7110 BEECH TRAIL RD<br>TALLAHASSEE FL 32312<br>US | PO BOX 13972<br>TALLAHASSEE FL 32317<br>US |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/04/1993 | 05/10/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4801 HEATHE DR | 26 PO Box 13972 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 / |
| City & State 23 TALLAHASSEE FL | City & State 28 TALLAHASSEE FL |
| Zip 24 32308 Country 25 USA | Zip 29 32317 Country 30 USA |

4. FEI Number **59-3196744** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| AMOS, HAYS M<br>4801 HEATHE DR<br>TALLAHASSEE FL 32308 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 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 of new registered agent, if appointed) (NOTE: Registered Agent signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | AMOS, HAYS M | 12 NAME | |
| STREET ADDRESS | 4801 HEATHE DR | 13 STREET ADDRESS | |
| CITY ST ZIP | TALLAHASSEE FL 32308 | 14 CITY ST ZIP | |
| TITLE | SECRETARY | 21 TITLE | ☐ Change ☐ Addition |
| NAME | AMOS, PATRICIA O | 22 NAME | |
| STREET ADDRESS | 4801 HEATHE DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | TALLAHASSEE FL 32308 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Hays M Amos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hays M Amos

0024206 CP