

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000041796 (2)
1. Corporation Name

PREFERRED MEDICAL CLAIMS MANAGEMENT INC.

Principal Place of Business

2550 26TH ST W.
BRADENTON FL 34205
US

Mailing Address

2550 26TH ST W.
BRADENTON FL 34205
US

2. Principal Place of Business

21 3149 Dogwood Lane

Suite, Apt. #, etc.

22

City & State

23 Margate, Florida

Zip

24 33069

Country

25 US

2a. Mailing Address

26 3149 Dogwood Lane

Suite, Apt. #, etc.

27

City & State

28 Margate, Florida

Zip

29 33069

Country

30 US

9. Name and Address of Current Registered Agent

HEATH, MARGUERITE I
5707 45TH ST E.
LOT 231
BRADENTON FL 34203

REINSTATEMENT 98

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

65-0426343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3149 Dogwood Lane

83

84 City

Margate

FL

85

Zip Code

33069

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, familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME HEATH, MARGUERITE IDA
STREET ADDRESS 5707 45TH STREET EAST, LOT 191
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3149 Dogwood Lane

1.4 CITY-ST-ZIP

Margate, Florida 33069

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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. Block 13, if changed, or on an attachment with an address.

SIGNATURE: MARGUERITE I. HEATH

11/20/98 954-757-7830

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CR2E034 (5/98)