

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017983

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: MEDICAL CLAIM SERVICE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL

**New Principal Place of Business:**

923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL 33990

**Current Mailing Address:**

923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL

**New Mailing Address:**

923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL 33990

FEI Number: 65-0476496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIGISKI, STANLEY M  
923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVTD ( ) Delete  
Name: GRIGISKI, STANLEY M  
Address: 923 DEL PRADO BLVD SUITE 107  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: HESS, CAROL A  
Address: 923 DEL PRADO BLVD, STE 107  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY M. GRIGISKI

PRES

03/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date