

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017983

**FILED**  
**Mar 08, 2012**  
**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 33990

**New Principal Place of Business:**

**Current Mailing Address:**

923 DEL PRADO BLVD  
UNIT 107  
CAPE CORAL, FL 33990

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: STANLEY M. GRIGISKI

PVTD

03/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date