

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000066954 (6)

1. Corporation Name

MEDICAL CLAIMS ON LINE, INC.



Principal Place of Business

3310 VIRGINIA ST
COCONUT GROVE FL 33133

Mailing Address

3310 VIRGINIA ST
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
09/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 3314 Virginia St

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 3314 Virginia St

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0563315

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

SHEAR, KENNETH
3310 VIRGINIA ST
COCONUT GROVE FL 33133

81 Name

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

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
SHEAR, KENNETH
STREET ADDRESS 3310 VIRGINIA ST
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☒ DELETE

NAME D
CORY, PHILIP G
STREET ADDRESS 3316 VIRGINIA ST
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME VP
SANTANGELO, PATRICIA
STREET ADDRESS 11578 SW 91ST TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME P
NUZZI, JOSEPH
STREET ADDRESS 5665 LAGORCE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME T
AVEDIKIAN, SHERRY A
STREET ADDRESS 11578 SW 91 TERR
CITY-ST-ZIP MIAMI FL 33176

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Kenneth Shear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 446-3042
Date Date of Filing

CR2E034 (12/95)