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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000002103 (6)

1. Corporation Name
CCB/MEDICLAIMS, INC.

Principal Place of Business	Mailing Address
12180 28TH ST. NORTH ST. PETERSBURG FL 33716	12180 28TH ST. NORTH ST. PETERSBURG FL 33716-1820

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report: **04/19/1996**
4. FEI Number: **59-3292341** — [ ] 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

2. Principal Place of Business
21 ______
Suite, Apt #, etc.
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. **Name and Address of Current Registered Agent**

WOOD, MERRILL
3713 42ND AVE. SOUTH
ST. PETERSBURG FL 33711

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VPT	[ ] DELETE
NAME	WOOD, MERRILL	
STREET ADDRESS	3713 42ND AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	[ ] DELETE
NAME	CHILVER, KATHLEEN A	
STREET ADDRESS	1803 CARTER OAKS DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	S	[ ] DELETE
NAME	WOOD, NANCY L.	
STREET ADDRESS	11863 68TH STREET NORTH	
CITY-ST-ZIP	LARGO FL	
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	VP	[X] Change [ ] Addition
1.2 NAME	WOOD, MERRILL	
1.3 STREET ADDRESS	3713 42ND AVE. SOUTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL	
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	T	[ ] Change [X] Addition
4.2 NAME	WOOD, FRANCES	
4.3 STREET ADDRESS	3713 42ND AVE. SOUTH	
4.4 CITY-ST-ZIP	ST. PETERSBURG	
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 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: Merrill E. Wood MERRILL E. WOOD APR 21 97 (813) 573-5749

CR2E034 (9/96)