FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Mar 23 1998 8:00am
Secretary of State

DOCUMENT # **P95000007231 (0)**

1. Corporation Name
THE CLAIMCARD, INC.

Principal Place of Business	Mailing Address
1608 TOWN CENTER BLVD UNIT B WESTON FL 33326 US	1608 TOWN CENTER BLVD UNIT B WESTON FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1995

2. Principal Place of Business	2a. Mailing Address
21 490 Sawgrass Corp. Pkwy	26 490 Sawgrass Corp. Pkwy.
Suite, Apt. #, etc. 22 130	Suite, Apt. #, etc. 27 130
City & State 23 Sunrise, FL	City & State 28 Sunrise, FL
Zip / Country 24 33325 / 25 USA	Zip / Country 29 33325 / 30 USA

4. FEI Number: 65-0556600 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAUTTER, C CHRISTIAN ESQ. SEILER & SAUTTER 2900 E. OAKLAND PARK BLVD., SUITE 200 FT LAUDERDALE FL 33306	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CLAWSON, PATRICK		1.2 NAME	Clawson, Patrick	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		1.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste 130	
CITY-ST-ZIP	WESTON FL		1.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	PALMER, GARY		2.2 NAME	Palmer, Gary	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		2.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste. 130	
CITY-ST-ZIP	WESTON FL		2.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KAZLETT, CHARLES		3.2 NAME	Hazlett, Charles	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		3.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste. 130	
CITY-ST-ZIP	WESTON FL		3.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LOGEAN, ALAIN,		4.2 NAME	Windhorst, Bill	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		4.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste. 130	
CITY-ST-ZIP	WESTON FL		4.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	NEWTON, MICHAEL		5.2 NAME	Newton, Michael	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		5.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste. 130	
CITY-ST-ZIP	WESTON FL		5.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	D	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	PARK, LARENCE		6.2 NAME	Park, Larence	
STREET ADDRESS	1608 TOWN CENTER BLVD UNIT B		6.3 STREET ADDRESS	490 Sawgrass Corp. Pkwy. Ste. 130	
CITY-ST-ZIP	WESTON FL		6.4 CITY-ST-ZIP	Sunrise, FL 33325	

CR2E034 (10/97)

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

SIGNATURE: [signature] 3/16/98 954 851 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0297803

THE CLAIMCARD, INC.
ATTACHMENT TO 1998 ANNUAL REPORT
ADDITIONAL DIRECTORS

D
Thompson, Peter
490 Sawgrass Corporate Pkwy Ste 130
Sunrise, FL 33325

D
Traver, John
490 Sawgrass Corporate Pkwy Ste 130
Sunrise, FL 33325

D
Whitley, Walley
490 Sawgrass Corporate Pkwy Ste 130
Sunrise, FL 33325