

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P95000083481 (8)

1. Corporation Name

MEDICAL CLAIMS SPECIALISTS INC.



Principal Place of Business

4716 INDEPENDENCE DRIVE
BRADENTON FL 34210

Mailing Address

4716 INDEPENDENCE DRIVE
BRADENTON FL 34210-1905

3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0623880

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

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN RYAN ROAD
TALLAHASSEE FL 32303-0843

10. Name and Address of New Registered Agent

81 Name

MILLIGAN, PAUL L.

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

4716 Independence Drive

84 City

BRADENTON

FL

85 Zip Code
34210

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MILLIGAN, PAUL L JR.	4716 INDEPENDENCE DRIVE	BRADENTON FL 34210	<input type="checkbox"/>
D	MILLIGAN, RUBY F	4716 INDEPENDENCE DRIVE	BRADENTON FL 34210	<input type="checkbox"/>
D	MILLIGAN, TIMOTHY P	4716 INDEPENDENCE DRIVE	BRADENTON FL 34210	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Paul L. Milligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

Date

941-792-7560

Daytime Phone #

0421300

CR2E034 (9/96)