

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083481

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MILLIGAN, PAUL L JR.
4716 INDEPENDENT DRIVE
BRADENTON FL 34210**

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

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 **D** ☐ DELETE
NAME **MILLIGAN, PAUL L JR.**
STREET ADDRESS **4716 INDEPENDENCE DRIVE**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ DELETE
NAME **MILLIGAN, RUBY F**
STREET ADDRESS **4716 INDEPENDENCE DRIVE**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ DELETE
NAME **MILLIGAN, TIMOTHY P**
STREET ADDRESS **4716 INDEPENDENCE DRIVE**
CITY-ST-ZIP **BRADENTON FL 34210**

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 ☐ 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 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

6/30/99
Date

941-794-6092
Daytime Phone

CR2E034 (5/99)

P95000083481
60 2296-90007
MEDICAL CLAIMS SPECIALISTS, INC
P.O. BOX 7206 BRADENTON, FL. 34210-7206

941) 794-5021 or 800-422-5705 access code 03

August 2, 1999

Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Tyrone Scott

Dear Mr. Scott:

In reference to the notice received regarding our failure to send you One Hundred Fifty Dollars (\$150.00) filing fee for the year 1999. We have no knowledge of ever receiving the first notice and have looked in every file cabinet to be sure. We have never been late in paying any bill to anyone in the past.

Will you please consider waiving the Four Hundred Dollars(\$400.00) late fee. This is a simple matter of not paying a bill we have no knowledge of receiving.

I am also including a check for the One Hundred and Fifty Dollars filing fee.

Very Truly Yours;

Paul L. Milligan
Paul L Milligan