

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028244

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE CLAIMS DOCTOR, INC.

Current Principal Place of Business:

5640 SW 6TH PLACE
SUITE 800
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

5640 SW 6TH PLACE
SUITE 800
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3369968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAGO, BETSY J
927 NW 150TH AVE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAGO, BETSY J
Address: 927 NW 150TH AVE
City-St-Zip: OCALA, FL 34482

Title: STD () Delete
Name: DIAGO, CARLOS A
Address: 927 NW 150TH AVE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY J DIAGO

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date