

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028244

FILED
Apr 02, 2012
Secretary of State

Entity Name: THE CLAIMS DOCTOR, INC.

Current Principal Place of Business:

5640 SW 6TH PLACE
SUITE 800
OCALA, FL 344748506

New Principal Place of Business:

Current Mailing Address:

5640 SW 6TH PLACE
SUITE 800
OCALA, FL 344748506

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: BETSY J DIAGO

PRES

04/02/2012

Electronic Signature of Signing Officer or Director

Date