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

TI7OR9 CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067189 (6)

MEDICAL CLAIMS REVIEW, INC.

FILED Feb 05 1998 8:00am Secretary of State



Dennis of Dine	as of Decimen	Banks Address		<u> </u>
Principal Place of Business		Mailing Address		
8121 OAK PA ORLANDO FL		P.O. BOX 1628 WINDERMERE FL 34786-16.	10	
US US	. 32019	WINDERMERE FL 34700-10.	20	DO NOT WRITE IN THIS SPACE
"				3. Date Incorporated or Qualified
				08/09/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3396778 Not Applicable
Suite, Apt	#, etc.	Suite, Apt, #, etc.		- \$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	•	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. 🛛 Yes 🔲 No
	Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
ST/	ARCHER, RICHARD L		81 Nar	ne
104	40 WEST AMELIA STREET		82 Stre	et Address (P.O. Box Number is Not Acceptable)
OR	LANDO FL 32805			
			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of both in the State of Florida Statutes, the above-named 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.				
office or r	registered agent, or both, in the State of the obligation	of Florifix Sach ch ange was au tions di Section 602 6505. Flori	thorized by the o	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	1 1 / La Barrel XX	Much		1-30-98
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent sign:	iture required when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STARCHER, RICHARD L		1.2 NAME	
STREET ADORESS	1040 WEST AMELIA STREET		1,3 STREET ADDRE	55
CITY-ST-ZIP	ORLANDO FL 32805		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
Street Address			2.3 STREET ADDRE	
CITY - ST - ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	S
CITY - ST - ZIP			3.4, CITY-ST-ZIP	
TITLE			4.1 TITLE	
NAME	i	☐ DELETE	4.1 1114,6	☐ Change ☐ Addition
		L DELETE	4.1 MLE 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		∟ DELETE		
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Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information I peport 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 occupration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in changed or on all attachment with an action of the same legal effect as if made under oath, and the same legal effec