


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90136 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012227					
1. Corporation Name SOLUTIONS FOR MEDICAL CLAIMS, INC.					
Principal Place of Business 6077 113TH STREET, UNIT 616 SEMINOLE FL 33772			Mailing Address POST OFFICE BOX 8803 MADEIRA BEACH FL 33738		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11468 87th Avenue N. Suite, Apt. #, etc. 22 City & State 23 Seminole, FL Zip 24 33772 Country 25 Pinellas		2a. Mailing Address 26 1125 Park Blvd Suite, Apt. #, etc. 27 Suite 104-184 City & State 28 Seminole, FL Zip 29 33772 Country 30 Pinellas		3. Date Incorporated or Qualified 02/06/1997 4. FEI Number 59-3407532 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent EVANS, CAROL 6077 113TH STREET N UNIT 616 SEMINOLE FL 33772			10. Name and Address of New Registered Agent 81 Name EVANS CAROL 82 Street Address (P.O. Box Number is Not Acceptable) 11468 87th Ave N. 83 84 City Seminole FL 85 Zip Code 33772		

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 *Carol Evans* DATE **4-16-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE PTD NAME EVANS, CAROL A STREET ADDRESS 6077 113TH STREET, UNIT 616 CITY-ST-ZIP SEMINOLE FL 33772	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE PTD 1.2 NAME CAROL EVANS 1.3 STREET ADDRESS 11468 87th Ave N 1.4 CITY-ST-ZIP SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE VSD NAME EVANS, MITCHELL P STREET ADDRESS 6077 113TH STREET, UNIT 616 CITY-ST-ZIP SEMINOLE FL 33772	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE VSD 2.2 NAME EVANS, MITCHELL 2.3 STREET ADDRESS 11468 87th Ave N 2.4 CITY-ST-ZIP SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Carol Evans* SIGNATURE REQUIRED DATE **4-16-99** 727-391-6456
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)