

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90360 033 ***150.00

DOCUMENT # P97000012227

1. Entity Name
SOLUTIONS FOR MEDICAL CLAIMS, INC.



Principal Place of Business
**11468 87TH AVE.
SEMINOLE FL 33772**

Mailing Address
**11468 87TH AVE.
SEMINOLE FL 33772**



2. Principal Place of Business

9476 Tara Cay Ct.

3. Mailing Address

11125 Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104-184

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33776

Country

USA

Zip

33776

Country

USA

4. FEI Number

59-3407532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CAROL
11468 87TH AVE N.
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

CAROL EVANS

Street Address (P.O. Box Number is Not Acceptable)

11125 Park Blvd

Suite 104-184

City

Seminole

FL

Zip Code

33772

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol Evans

4-1-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | EVANS, CAROL A | |
| STREET ADDRESS | 11468 87TH AVE N | Address Change |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | EVANS, MITCHELL P | |
| STREET ADDRESS | 11468 87TH AVE N | Address Change |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROL EVANS | |
| STREET ADDRESS | 9476 Tara Cay Ct. | |
| CITY-ST-ZIP | Seminole, FL 33776 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL EVANS | |
| STREET ADDRESS | 9476 Tara Cay Ct. | |
| CITY-ST-ZIP | Seminole, FL 33776 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-03

727-593-3101

CR2E034 (10/02)