

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90278 016 \*\*\*150.00

DOCUMENT # P97000037927

1. Corporation Name

HEALTH CLAIMS SOLUTIONS, INC.

Principal Place of Business  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

Mailing Address  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0830882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CONE, PERRY L  
2500 N.W. 79TH AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME ALVAREZ, JOSE M  
STREET ADDRESS 2500 N.W. 79TH AVENUE  
CITY-ST-ZIP MIAMI FL 33122

TITLE DVP ☐ DELETE  
NAME FERNANDEZ, SERGIO R  
STREET ADDRESS 2500 N.W. 79TH AVENUE  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition  
1.2 NAME ALVAREZ, JOSE M.  
1.3 STREET ADDRESS 2500 NW. 79th Avenue  
1.4 CITY-ST-ZIP Miami, Florida 33122

2.1 TITLE DP ☒ Change ☐ Addition  
2.2 NAME FERNANDEZ, SERGIO  
2.3 STREET ADDRESS 2500 NW. 79th Avenue  
2.4 CITY-ST-ZIP Miami, FL. 33122

3.1 TITLE DVAS ☐ Change ☒ Addition  
3.2 NAME SOTO, JOHN M.  
3.3 STREET ADDRESS 2500 NW. 79th Avenue  
3.4 CITY-ST-ZIP Miami, FL. 33122

4.1 TITLE DVT ☐ Change ☒ Addition  
4.2 NAME TORCAS, ED S.  
4.3 STREET ADDRESS 2500 NW. 79th Avenue  
4.4 CITY-ST-ZIP Miami, FL. 33122

5.1 TITLE S ☐ Change ☒ Addition  
5.2 NAME CONE, PERRY I.  
5.3 STREET ADDRESS 2500 NW. 79th Avenue  
5.4 CITY-ST-ZIP Miami, FL. 33122

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Sergio Fernandez* SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0178676

CD92024-11108