


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 035 ***150.00

DOCUMENT # P97000059214					
1. Entity Name FLORIDA ELECTRONIC CLAIMS SOLUTIONS, INC.					
Principal Place of Business 5121 EHRLICH RD. #106B TAMPA, FL 33624		Mailing Address 5121 EHRLICH RD. #106B TAMPA, FL 33624			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3504571	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, LINDA W 8110 COLONIAL VILLAGE DR. #106 TAMPA, FL 33625			Name <u>Rodriguez, Linda W.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>6538 Tabogi Trail</u>		
			City <u>Wesley Chapel</u> FL Zip Code <u>33544</u>		
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 <u>Linda W. Rodriguez</u>			DATE <u>1/24/06</u>		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT. RODRIGUEZ, LINDA W 8110 COLONIAL VILLAGE DR., #106 TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Rodriguez, Linda W. 6538 Tabogi Trail Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RODRIGUEZ, EDWARD P 8110 COLONIAL VILLAGE DR., #106 TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Rodriguez, EDWARD P 6538 Tabogi Trail Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Linda W. Rodriguez</u>			DATE: <u>1/24/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # <u>813-908-5826</u>		