

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059214

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: FLORIDA ELECTRONIC CLAIMS SOLUTIONS, INC.

**Current Principal Place of Business:**

5121 EHRLICH RD.  
#106B  
TAMPA, FL 33624

**New Principal Place of Business:**

7871 S.E. 184TH AVENUE  
MORRISTON, FL 32668

**Current Mailing Address:**

7871 SE 184TH AVENUE  
MORRISTON, FL 32668

**New Mailing Address:**

7871 S.E. 184TH AVENUE  
MORRISTON, FL 32668

FEI Number: 59-3504571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, LINDA W  
7871 SE 184TH AVENUE  
MORRISTON, FL 32668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: RODRIGUEZ, LINDA W  
Address: 7871 SE 184TH AVENUE  
City-St-Zip: MORRISTON, FL 32668

Title: DV ( ) Delete  
Name: RODRIGUEZ, EDWARD P  
Address: 7871 SE 184TH AVENUE  
City-St-Zip: MORRISTON, FL 32668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA W. RODRIGUEZ

DPT

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date