

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066216 (7)**

1. Corporation Name
MD CLAIMS SERVICE, INC.

Principal Place of Business

**1392 SW PATRICIA AVE
PORT ST LUCIE FL 34953**

Mailing Address

**1392 SW PATRICIA AVE
PORT ST LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0764569

Applied For

Not Applicable

2. Principal Place of Business

21 812 Ocean Dunes Cir.

Suite, Apt. #, etc.

22

City & State

23 Jupiter, FL 33477

Zip

24 33477

Country

25 USA

2a. Mailing Address

26 812 Ocean Dunes Cir.

Suite, Apt. #, etc.

27

City & State

28 Jupiter, FL 33477

Zip

29 33477

Country

30 USA

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HICKS, DAWN
1392 SW PATRICIA AVE
PORT ST LUCIE FL 34953**

10. Name and Address of New Registered Agent

81 Name

Dawn M Hicks

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

812 Ocean Dunes Circle

83

84 City

Jupiter

FL

85 Zip Code

33477

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 his or her title.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-98

12. OFFICERS AND DIRECTORS

TITLE	Director/Officer	<input checked="" type="checkbox"/> DELETE
NAME	Aric D Hicks	
STREET ADDRESS	1392 Sw Patricia Ave Psl FL34953	
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Officer/ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Grace T Turano	
1.3 STREET ADDRESS	812 Ocean Dunes Circle	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002519681	
5.3 STREET ADDRESS	-05/12/98--01019--031	
5.4 CITY-ST-ZIP	***150.00	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Grace T Turano

4-27-98

561-775-0607

CR2E034 (10/97)