2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P97000068985

Entity Name: NATIONAL MEDICAL CLAIMS SERVICES, INC.

Current Principal Place of Business:

14731 66TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

8520 HAWK EYE ROAD NW
ALBUQUERQUE, NM 87120

New Mailing Address:

FEI Number: 65-0773814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOEB, MICHAEL
14731 66TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418 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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: KEIPPER, JUDITH E
Address: 8520 HAWK EYE ROAD NW
City-St-Zip: ALBUQUERQUE, NM 87120

I hereby 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 all other like empowered.

SIGNATURE: JUDITH E KEIPPER PRES 03/18/2011

Electronic Signature of Signing Officer or Director Date