

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P980000006082

1. Entity Name
MEDCLAIMS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State
08-28-2000 90057 037 ***550.00

Principal Place of Business

4820 BAYSHORE DRIVE
SUITE F
NAPLES FL 34112

Mailing Address

4820 BAYSHORE DRIVE
SUITE F
NAPLES FL 34112

2. Principal Place of Business

4575 VIA ROYALE
Suite, Apt. #, etc.
SUITE 209

3. Mailing Address

4575 VIA ROYALE
Suite, Apt. #, etc.
SUITE 209

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33919

Country

Zip

33919

Country

4. FEI Number

APPLIED FOR
65-0807764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRARDIN, WENDY H ESQ.
4820 BAYSHORE DRIVE
SUITE F
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

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

1630 BONITA CT

City

NAPLES

FL

Zip Code

34102

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS GIRARDIN, P. LOUIS
CITY-ST-ZIP 4820 BAYSHORE DRIVE SUITE F
NAPLES FL 34112

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS GIRARDIN, P. LOUIS
CITY-ST-ZIP 4575 VIA ROYALE SUITE 209
FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

Daytime Phone #

CR2E034 (5/00)