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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90047 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033962 1. Corporation Name ADVANCED ELECTRONIC MEDICAL CLAIMS, INC.			
Principal Place of Business 10929 WITCHAVEN STREET JACKSONVILLE FL 32246-9433		Mailing Address 10929 WITCHAVEN STREET JACKSONVILLE FL 32246-9433	
2. Principal Place of Business 21 10929 WITCHAVEN STREET Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FLORIDA Zip Country 24 32246-9433 25 DUVAL			
3. Date Incorporated or Qualified 04/14/1998			
4. FEI Number 59-3514160			
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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent MILLER, PEGGY A 10929 WITCHAVEN STREET JACKSONVILLE FL 32246-9433		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT ☐ DELETE NAME PEGGY A. MILLER STREET ADDRESS 10929 WITCHAVEN ST. CITY-STATE-ZIP JACKSONVILLE, FL 32246-9433		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: *Peggy A. Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

(904) 642-2333

CR2E034 (11/98)