

07071999-90011-043-\$150.00-\$150.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000077162 1. Corporation Name NETWORK CLAIMS PROCESSING, INC.					

FILED

99 JUL -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 221 N.W. 78TH AVENUE PEMBROKE PINES FL 33024		Mailing Address 221 N.W. 78TH AVENUE PEMBROKE PINES FL 33024	
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country	
3. Date Incorporated or Qualified 06/31/1998		4. FEI Number 65-0874678	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No		8. Name and Address of Current Registered Agent CAKSACKKAR, HELEN 221 N.W. 78TH AVENUE PEMBROKE PINES FL 33024	

9. Name and Address of Current Registered Agent CAKSACKKAR, HELEN 221 N.W. 78TH AVENUE PEMBROKE PINES FL 33024		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	
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11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0 CAKSACKKAR, HELEN 221 N.W. 78TH AVENUE PEMBROKE PINES FL 33024	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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:

 Signature and typed or printed name of signing officer or director
 H. S. Caksackkar

Date

Daytime Phone #

CP2E034 (5/99)

954-981-9809

Ma. Scott,

7-15-99

as per our phone conversation 7-15-99,
June 30, 1999, I received a second notice for
the Annual Report charging me a \$400.00
late fee. I never received the first notice.
When I called the Division of Corporations,
I was told to write that in a letter and
send it with the report and the annual
fee of \$150.00. Apparently I wasn't
supposed to use the envelope they enclosed,
but I did, so it went to the wrong
address. July 15, 1999 I received the
enclosed letter and called you. They
didn't return my check, so the \$150.00 is
paid. Thanks for your help!!

Helen Cabsackhan
Network Claims Processing