## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000010913

FILED Jan 22, 2004 Secretary of State

Entity Na	me: MEDICA	L CLAIMS FUNDING, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
	AKLAND PAR ERDALE, FL 3	K BLVD STE 308 3319			
Current Mailing Address:			New Mailing Address:		
	AKLAND PAR ERDALE, FL 3	K BLVD STE 308 3319			
FEI Number	: 65-0892954	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
7481 W O. FT LAUDE	ERDALE, FL 3		purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHEINER, B	) Delete AND PARK BLVD STE 308 FL 33319	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GLASS, W.B. 6121 NW 32N	) Delete D WAY RDALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARRY SCHEINER DS 01/22/2004