

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010913

Entity Name: MEDICAL CLAIMS FUNDING, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

7481 W OAKLAND PARK BLVD STE 308  
FT LAUDERDALE, FL 33319

## New Principal Place of Business:

4404 QUEEN PALM LANE  
FT LAUDERDALE, FL 33319

## Current Mailing Address:

7481 W OAKLAND PARK BLVD STE 308  
FT LAUDERDALE, FL 33319

## New Mailing Address:

4404 QUEEN PALM LANE  
FT LAUDERDALE, FL 33319

FEI Number: 65-0892954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHEINER, BARRY  
7481 W OAKLAND PARK BLVD STE 308  
FT LAUDERDALE, FL 33319 US

## Name and Address of New Registered Agent:

SCHEINER, BARRY  
4404 QUEEN PALM LANE  
FT LAUDERDALE, FL 33319 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: SCHEINER, B  
Address: 7481 W OAKLAND PARK BLVD STE 308  
City-St-Zip: LAUDER HILL, FL 33319

Title: P ( ) Delete  
Name: GLASS, W.B.  
Address: 6121 NW 32ND WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: SCHEINER, B  
Address: 4404 QUEEN PALM LANE  
City-St-Zip: FT LAUDERDALE, FL 33319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date