2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P99000033726

P99000033726
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 26 AM 11:15

1. Entity Name
Medical Claims USA, CO., Inc

Principal Place of Business: 3975 20th St, Suite E, Vero Beach FL 32960-2493
Mailing Address
Change To: 7504 Banyan St, Fort Pierce FL 34951

8469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7504 Banyan st	7504 Banyan St
Suite, Apt. #, etc: Fort Pierce	Suite, Apt. #, etc.
City & State: FL	City & State: Same
Zip: 34951 Country: St Lucie	Zip / Country

4. FEI Number: 65-0911039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Maureen Fischer
7504 Banyan st
Fort Pierce FL 34951

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Maureen Fischer 4-12-00
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 $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lanette Keil 3975 20th St suite Vero Beach FL 32960-2493 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Maureen Fischer 7504 Banyan st Fort Pierce FL 34951 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

500003328055--8
-07/19/00--01070--011
*****70.00 *****70.00

8/7/12

CR2E034 (9/99)

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: Maureen Fischer 4-12-00 561-468-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Check for 61.25 enclosed + 8.75 for status 4/27