2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000083539** Aug 11, 2000 8:00 am Secretary of State 1. Entity Name MEDICLAIM PLUS, INC. 08-11-2000 90095 008 ***150.00 Principal Place of Business Mailing Address ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE SUITE 3303 **SUITE 3303** JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 OAGOYUUU 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number -3600170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRCHER, SALLY J ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 3303** JACKSONVILLE FL 32202 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President + CEO Addition ☐ Delete TITLE TITLE Jerome Crawford NAME NAME STREET ADDRESS 6124 Ardisia rd Jacksonville STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Addition Purveilde Goswami UNCE President + CIO #127 ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, Fl 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition VICE President + COO Delete TITLE NAME -Janet Brunson-STREET ADDRESS Polan Ln STREET ADDRESS Jacksonville, Fl 32209 CITY-ST-ZIP CITY-ST-ZIP VICE President + CMO ☐ Change Addition TITLE Holly Meyer 5811 ATLANTIC BLVD #127 NAME STREET ADDRESS STREET ADDRESS

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.

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COMPAND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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8/9/2000

904.766.7

Addition

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August 9, 2000

Florida Department Of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

To whom it may concern:

MediclaimPlus, Inc. was incorporated in the fourth quarter of 1999. Our corporate attorney acted as our agent and their mailing address was used as our mailing address.

Unfortunately we did not receive the first notice of filing the Uniform Business Report for 2000.

I am attaching a check for the amount of the first filing notice fee as your office informed me to.

Thanks you for your understanding of starting a new business.

Sincerely,

Jerome C. Crawford President & CEO