

2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F20000004270

Entity Name: MEDICAL CLAIMS ASSISTANCE, INC.**Current Principal Place of Business:**836 4TH AVENUE
HUNTINGTON, WV 25701**Current Mailing Address:**836 4TH AVENUE
HUNTINGTON, WV 25701 US**FEI Number:** 55-0713233**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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:** ERIC MCCONAHAY

10/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, OWNER
Name	VOSLER, TARA G
Address	836 4TH AVE
City-State-Zip:	HUNTINGTON WV 25701

Title	VP
Name	BLACK, KENDRA
Address	836 4TH AVE
City-State-Zip:	HUNTINGTON WV 25701

Title	DIR OF ADMIN
Name	JONES, DAVID
Address	836 4TH AVE
City-State-Zip:	HUNTINGTON WV 25701

Title	DIR OF HR
Name	ERBENTRAUT, SHERRI
Address	836 4TH AVE
City-State-Zip:	HUNTINGTON WV 25701

I hereby 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 all other like empowered.

SIGNATURE: SHERRI ERBENTRAUT**HR DIRECTOR**

10/05/2021

Electronic Signature of Signing Officer/Director Detail

Date