



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000509516

2. Name of Corporation Service First Claim Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 13901 SUTTON PARK DRIVE SOUTH
SUITE 310

City or Town: JACKSONVILLE

State: FL Zip: 32224 Country: USA

4. Business Phone No.

9043712529

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Claims Management Software Company

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY HARGER	13901 SUTTON PARK DRIVE SOUTH, SUITE 310 JACKSONVILLE, FL 32224 USA
SECRETARY	PAUL DIFRANCESCO	13901 SUTTON PARK DRIVE SOUTH, SUITE 310 JACKSONVILLE, FL 32224 USA
DIRECTOR	ALAN H FISHMAN	13901 SUTTON PARK DRIVE SOUTH, SUITE 310 JACKSONVILLE, FL 32224 USA
DIRECTOR	ADAM W. REINMANN	13901 SUTTON PARK DRIVE SOUTH, SUITE 310 JACKSONVILLE, FL 32224 USA

DIRECTOR

GARY R. HARGER

13901 SUTTON PARK DRIVE SOUTH, SUITE 310
JACKSONVILLE, FL 32224 USA**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	A	\$0.0100	20,000.00	15767
STK	B	\$0.0100	4,000.00	3178

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 29 Day of February, 2016 at 1:08:21 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PAUL DEFRANCESCO

Signature of Authorized Representative of the Corporation

Form No. 630
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